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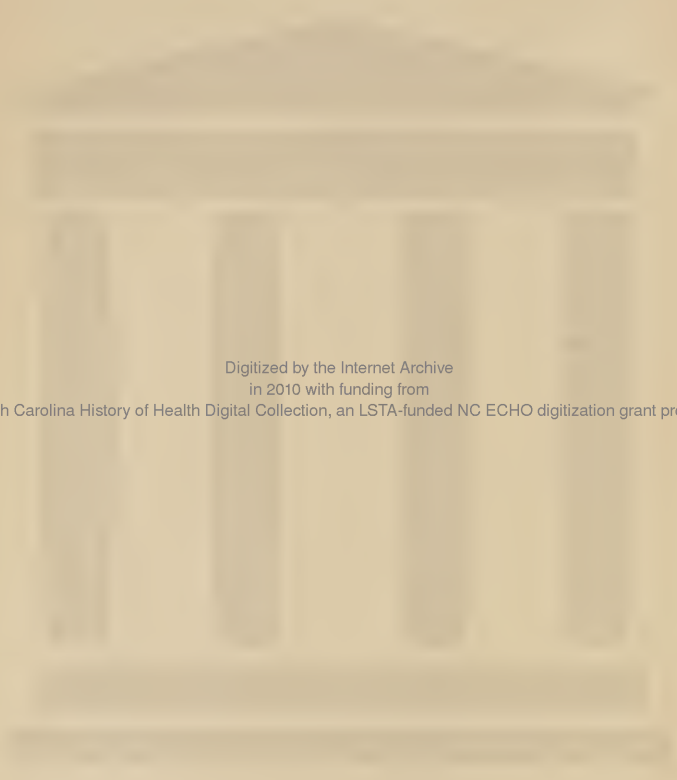
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THE BULLETIN  
OF THE  
NORTH CAROLINA DENTAL SOCIETY  
CONTAINING THE  
PROCEEDINGS

OF THE  
FIFTY-NINTH ANNUAL MEETING  
JUNE 6, 7, 8, 1933

UNIVERSITY OF NORTH CAROLINA  
CHAPEL HILL

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EDITOR-PUBLISHER

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DISTRICT MEETINGS FALL OF 1933

FIRST DISTRICT

At Asheville in November.

SECOND DISTRICT

At Charlotte on October 23-24.

Dr. Boyd Gardner of the Mayo Clinic and Dr. Walter McFall of Macon, Ga., are on the program.

THIRD DISTRICT

At Greensboro, King Cotton Hotel, on November 13-14.

FOURTH DISTRICT

At Raleigh on December 3-4.

FIFTH DISTRICT

At Wilmington on November 6.



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# PROCEEDINGS

OF THE

## NORTH CAROLINA DENTAL SOCIETY

FIFTY-NINTH ANNUAL SESSION

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HILL MUSIC HALL, CHAPEL HILL,  
NORTH CAROLINA, JUNE 6, 7, 8, 1933

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FIRST DAY—TUESDAY, JUNE 6, 1933

### MORNING SESSION

The Convention was called to order at 10:00 a.m., by Dr. Wilbert Jackson, of Clinton, President.

*President Jackson:*

The Fifty-Ninth Annual Meeting of the North Carolina Dental Society will now come to order.

You will please stand while Dr. Godbold, of the Methodist Church of Chapel Hill, will lead the invocation.

*Reverend Albea Godbold:*

Oh God, our Heavenly Father, we thank Thee that we are dependent upon a power not ourselves. We have not made the world in which we live. It was here when we came and will be here when we shall have gone. We thank Thee for the manifestations of goodness toward the children of men. We thank Thee for every gift and every power that has come to man. We thank Thee for the great advance in learning and in science, and especially do we thank Thee for the advance in medical science. We thank Thee that because men have devoted their minds to the understanding of the human body that they have been able to do away with a great deal of pain and suffering. We pray Thee for Thy benedictions upon this gathering here at this time. We pray that through this association and fellowship they shall come to a higher understanding of the great task which is theirs. We pray that Thou will help every one of them to be

conscious at all times of their high cause, the calling of serving men and making life easier and better and happier for them. We pray Thee to help every one of them keep uppermost in their minds the high ideals of relationship with all men. May every one of them bear uppermost in his mind that he should do unto others as he would have them do unto him. We beseech Thee for Thy blessings upon this community, the great University and upon our country. We ask this in the Master's name. Amen.

*President Jackson:*

We are indeed honored this morning to have with us the President of the Greater University of North Carolina, who will deliver the address of welcome. Dr. Frank Graham. (Applause.)

*Dr. Frank Graham:*

Mr. President, members of the North Carolina Dental Society: I appreciate the honor and courtesy of your invitation to be here this morning to say just a brief word of welcome. The University of North Carolina appreciates deeply the value of your meeting in Chapel Hill. I think, after all, this Association and the University of North Carolina have much in common. In the first place, both of us, both the University and the Association, belong to North Carolina and this University belongs to you. Not only so, but this University and the dental surgeons of this State stand fundamentally for the same thing. The University stands here finding the truth and telling the truth, however disagreeable that truth may be, and when I think of my friend, Dr. Jones, and Dr. Clark, and my other friends of your profession, I know what a dentist not only stands for, but does. The dentists tell us things that even our best friends do not tell us.

The men of the profession of dentistry also represent the scientific spirit. I may illustrate that in a member of the medical profession on the faculty of the University. He works over here in a little laboratory, very meagerly equipped. We do not have any appropriation for him for his scientific researches and yet he stays right here. Part of his work is down in a basement; another part of his work is in a little cubby hole. Great universities of the world have called him. They have offered him magnificent salaries. Some of them more than double what we could ever pay him here. They have said to him, "If you come to us," these great universities of the East and of the great Mississippi Valley, "we will give you an associate professor to stand on your right hand. We will give you an assistant professor to stand on your left hand, and we will give you a technician to do much of your routine work as you project these great studies in your mind." All we give him here is a janitor that cleans his room at the end of the day. But, he stays here. He has been called to a great university in the East, to a great university on

Lake Erie. He has been called to one of the greatest medical universities, situated in the center of this continent.

That man has the scientific spirit. That is why we are meeting here today. One of the great American scientists said one day, "Bill, I just don't understand you. You owe some great things to your generation. You are one of the world's leaders in your particular microscopic field. Why don't you come to us so that you can give to the world what you owe to the world?" I might say incidentally that in spite of his meager equipment here, in spite of the fact he has to do that scientific research work by the sweat of his own hands, the scientists of the five continents, with all their magnificent equipment, have not been able to match the results of the persistent and relentless dynamic researches of this plain man. And so, when this man said, "Why don't you come?" I think he showed not only the scientific spirit that has brought you into this assembly, but also he showed something even bigger than a scientific spirit, which work is a part of the ministry of any great dentist, when he said these words, unconscious as he was of the revelation it was of the man, "Well, maybe I am a fool to stay on here, but you know, the MacNiders have been buying milk from the Sparrows in Orange County for sixty years, and I am not going to start buying milk from anybody else." (Applause.)

And so this great scientist represents something of the spirit of this institution, which was provided for in the Constitution in that year in which the Declaration of Independence was signed, when there was war in the land, revolution in the air, confusion everywhere, and with no assurance of any future, the people of North Carolina in a Constitutional Convention in the year 1776 wrote it into the organic law that there should be a University of North Carolina. That is part of your tradition; that is part of the treasure and tradition of your State. It was born there, during the birth pangs of the nation, chartered in the year in which we ratified our Magna Charta, 1789. It opened its doors in 1795. That young boy from Wilmington, the first student to enter the University, came and was placed over here in Old East Building. One building. One professor. One student. That was the first state university in America to open its doors. Georgia had been chartered before, but North Carolina opened first. And then it became one of the great southern universities to which boys came from Texas, Louisiana, Georgia, Mississippi and Arkansas, Tennessee, South Carolina, Alabama, to Chapel Hill.

Then came the War. Sherman's army came this way. Reconstruction came, and this University was closed. It became stale, the faculty dispersed, the student body scattered. The University was closed. Five years it was closed. Now, as spectators of history, we can look back to those grim years when our University was in the midst of ruin and deterioration. It was resolved that again there should be a University of North Carolina. On March 20, 1875, men like Zeb Vance and the rest sent word to Chapel Hill that the University would be opened again and the old bell in South Building which had not rung in five years, would ring again. It was a woman who inspired those men to go to Raleigh and open this institution.

This woman climbed up there and rang this bell. She had lost her husband years before, but in these forty years she had stayed on with her meager living to see that this place was opened again to the youth of North Carolina and when she got word from the boys she sent down there, sent from the mountains and from the tidewater shores, and from the piedmont section, that the University was to be opened again, she went up there and rang the bell, and I hope as you hear that bell ring you will catch something of the spirit not only of this University, but of the State of North Carolina that it is your honor and your opportunity to serve, as in a scientific way you minister to the health and the strength of the people of this State. When you hear that bell ring, remember that for five years it did not ring, that same old bell, and then this woman went up there and rang it, standing way up there in the belfry by herself—the Spirit of North Carolina—and when she rang that bell, North Carolina was on the march again.

And so we, in these days when the University has been hit hard, when you have been hit hard, we can remember that we have come up before, you have come up before, and we are going to come up again in the spirit of the people of this State. You, in revolution, founded a University. You, in desolation, reopened it. There is courage and hope in the air of this place. The winds of the world blow through the open doors of this University. The winds of scientific research in dentistry blow through these doors that the truth might prevail in the spirit of Him who came that we might have life and that we might have it more abundantly. (Bell ringing.) There is the bell I am talking about. When I think of the ministrations of the dentist to man, I not only think about him being that person who will tell you those things which your best friend will not tell you, but I think of that parable of the man who had been to all the springs in the world. He could not walk. He had great hope, as I understand it, but finally he came back not healed. Then a simple dentist went to him upon his call and pulled a tooth. That man “took up his bed and walked.” in the language of the parable.

So, in these days, in this hour when your Convention meets here, this University bids you a glad welcome not only with the peals of this organ to which you have just listened, but also with the tradition and spirit which is now in that bell as it rings out to you.

Mr. President, I am sorry that I have to go away at this time, and I just want to say to you and through you to all here that we are glad you could come here. (Applause.)

*President Jackson:*

Thank you, Doctor Graham. We are sorry that Doctor Graham has to go at this time, but we do appreciate more than we can tell him his presence here this morning, and we consider it a distinct honor and pleasure to have him with us. We will ask Dr. Presnell to respond to the address of welcome. Dr. Presnell. (Applause.)

*Dr. O. L. Presnell, Asheboro:*

Mr. President and gentlemen. There may have been some among us who, because of the fact we are so accustomed to meeting in some of the larger cities and resort places, felt a little bit skeptic about coming to Chapel Hill. But, after coming here and seeing the preparation made for our entertainment, and being received with such a cordial reception, I am sure the minds of all have been satisfied. It is delightful to come here, and I believe Chapel Hill is one of the most beautiful places in North Carolina. There is an environment here most appropriate for this occasion. We come together for fellowship and for the stimulation and improvement of our minds, and the environment in which we meet has a great deal to do with our capacity to understand things. Here in this place surrounded by the monuments to learning, in the shadows of these walls, we find an environment which to my mind is most appropriate for this occasion. We have a peculiar situation. This morning we have a spirit of ownership that we have never experienced before. We are coming into our own possession. This University belongs to you and to me. We are very proud of our University. We are mindful of the spirit of coöperation on the part of the University Extension Division in connection with our post-graduate work which was carried on here so successfully. We are proud of our forefathers who nearly a century and a half ago had a vision and laid the foundation for the establishment of this institution for the youth of our State. How surprised and gratified they might be if they could return and see the extent to which the University has grown, both physically and mentally. We would honor those men and all those who have followed them in the building and who have formulated policies and administered the affairs of the University until it now attains high rank and is one of the leading institutions in America. We are delighted to be welcomed by Frank Graham, as he is known through the State as Frank Graham, which is a great tribute to the man. I am sure it is. I assure him it is a great delight for us to be here. (Applause.)

*President Jackson:*

Thank you Doctor Presnell. Doctor Nixon, will you please take the chair?

*Dr. H. E. Nixon, Elizabeth City:*

Ladies and gentlemen, it is indeed a pleasure to hear at this time, the address by the President of the North Carolina Dental Society. Doctor Jackson. (Applause.)

#### THE PRESIDENT'S ADDRESS

Mr. President, Fellow Members of the North Carolina Dental Society,  
Ladies and Guests:

It has been a little more than two years since this organization, through its generosity, elected me to stand on the bridge and pilot the ship of dentistry in North Carolina through the uncertain waters of the past year.

I doubted the wisdom of your selection and election at that time, for no one knew my limitations better than I knew them myself. Until this good hour I feel that someone else might have carried on in a more efficient way. Yet I am sure no man has loved the Society more or made its welfare a more paramount interest.

In loyalty to my best impulses, I desire to express to this organization my sincere, heartfelt gratitude for the honor you conferred upon me when you elected me your President.

Some of the sailing has been smooth but not all of it. To those who have stood by, helped and encouraged when grave dangers seemed to beset us, I wish to express my deepest appreciation. The assurance of your support and confidence has meant everything. Cheered on by your loyalty the business trip was transformed into one of genuine pleasure. The most difficult undertakings which at the time seemed real problems now can be recalled since they are matters of history as real pleasures rather than matters of duty.

In the short time allotted to me for this would-be address, I shall not discuss the progress our Society has made over these fifty-nine years of its existence; neither shall I discuss questions and problems that rightfully belong to the American Dental Association other than those that may be of interest to our Society. There are those who will appear on our program at a later hour who can and will deal with these questions to the satisfaction of everyone. I have chosen to discuss some of the problems that confront our own organization at this time.

It has been my happy privilege this year, as your President, to attend a district meeting in every district in the State. I want to assure you that at the termination of this year, I shall long remember the cordial way in which I was received; and the pleasant contacts which I made. I cannot say too much in praise of the district meetings held during the past year. Your Secretary and President-Elect have also attended every district meeting during the past year. They will attest the fact that many of the programs and clinics presented would have done honor to any State meeting. The interest manifested was marvelous. The way in which the fellows have kept their heads up and their feet on the ground to carry on is remarkable.

I feel in fairness to our membership, you should know something

of the activities of your Legislative and Executive Committees. You will recall that the Legislature was in session for more than four months. It sought to change almost everything except the twenty-five-dollar privilege tax we have to pay. In fact, it was recommended by the joint committee of the Senate and House that the dental department of the State Board of Health be abolished and no appropriation made for the same. Then there came from the Charlotte Dental Society a most urgent appeal for some legislation that would prohibit fraudulent advertising and soliciting of patients by dentists.

During the last days of the Legislature there was introduced a bill that would license one man, Sharp, to practice dentistry who has not and cannot meet the requirements of the State Board of Dental Examiners. For more than twenty years our Society has had to contend with this man. The introduction of this bill made it necessary for these committees to make several trips to Raleigh and to spend days there if the high standard of requirements that has been set for us was to be maintained. Each time it was necessary to call members of the Society from all over North Carolina to come to Raleigh. Regardless of the inconvenience of the trip and the distance to be traveled not one call for help was made that was not heard. These committees with your help won every fight. Without this coöperation from the membership, we could not have been so successful. These committees by painstaking efforts have succeeded in preserving our dental laws. Because of their wise and timely action our splendid organization has been maintained and we still hold a most honorable position among professions. This Society owes a debt of lasting gratitude to these men for the splendid work they have done this year for dentistry in North Carolina.

In all things we have stood together, and from all these experiences of laboring together towards a common goal may I say that our Society presents a more solid phalanx for the causes our profession represents.

The grim reaper has wielded a cruel scythe during the year. Many of our finest and best, most loyal, useful and lovable men have been cut down. We stop and stand with bare and bowed heads to do them reverence. We treasure the memories of these noble men. During the year we have lost the last charter member of our Society, Dr. Jones of Winston-Salem.

I pause to remind you that North Carolina has not been entirely free from the spirit that breeds state and panel dentistry. I am happy to be able to tell you that members of this Society, in some cities through their local organizations have organized and so perfected clinics to care for the oral health of the indigent that state and panel dentistry is practically impossible.

I believe that if state or panel dentistry comes to this State it will be because you and I fail to grasp the opportunities presented to us to render a real service.

It is impossible to so perfect a constitution and by-laws for any progressive organization that they will meet the needs for any definite length of time. The by-laws under which our Society operates

today were adopted in 1928. In this short time it has been necessary to adopt several amendments to meet the changing conditions under which we must work. At the present time only the Secretary of the State Society is required to be bonded for the funds he handles. The Secretary is the only State Society officer who makes a report. If district secretaries had been required to make reports also some misunderstanding between them and other members of the Society could have been prevented probably. In my opinion the district secretaries should be bonded for the funds they handle; and required to make an additional report to the chairman of the State Executive Committee. This report should contain a list of every member who has paid his dues, and a copy of the report should be sent to the State Secretary.

It has been very evident this year to the Secretary-Treasurer, to the custodian of the relief fund, and to your President that the Society in some way should designate an approved depository for the Society's funds, including the relief fund.

The laws which regulate the practice of dentistry in North Carolina have been considered among the best. We have had reasons to be proud of our laws as they appear on the statute books of North Carolina. Many states have been pleased to model their laws after ours. As perfect as they may have seemed, and as proud as we may have been to claim them among the best, the transitory period through which our profession has had to pass has proved that our laws might still be strengthened for the betterment of every ethical practitioner of dentistry.

The various officers having realized the seriousness of the economic condition which has confronted everyone, have made every effort possible to help the fellows in the Society. Even though we think we have the best State Society at all, the fact remains that only about fifty per cent of the dentists in North Carolina are members of this organization. It is very necessary that something be done to interest these men who are not members, in the work of the North Carolina Dental Society. The principal reason they are not members is because membership in our Society has not been made attractive enough. If our Society is to do the greatest good for the profession and the public it must make membership in the Society attractive.

I quote from the report of the Committee on Reorganization of the American Dental Association, "The most important activity confronting the American Dental Association and its constituent state societies is the strengthening of the respective organizations by enlarging their membership through unified effort. The maintenance of the different established departments of the American Dental Association; the strengthening of the dental laws in the different states as well as necessary national legislation; the necessary protective measure to be taken in preparation for whatever the future may have in store in the way of panel, contract, or State dentistry; the realization of the objectives and high ideals of the dental profession; all are dependent upon the size and efficiency of the different units of organized dentistry."

I therefore recommend:

(1) The adoption by this Society of the plan of organization of the American Dental Association—by resolution rather than a change in our by-laws.

(2) That the Legislative Committee make a special study of the dental laws as they now appear on the statute books of North Carolina with a view to strengthening same. That the committee be empowered to employ such legal assistance as they may need to properly interpret the law and to assist in framing whatever bill in their opinion may be needed to make our law more effective; that the committee make a report of their findings and recommendations at the next annual meeting of the North Carolina Dental Society.

(3) That we amend the by-laws to provide for the Executive Committee the power to designate an approved depository for the funds of the Society including the relief fund.

(4) That we amend the by-laws to provide that the Secretary-Treasurer of the various districts must make a final report to the chairman of the Executive Committee within fifteen days after the annual meeting; that said report shall contain a complete list of the members in his district from which he has collected dues, the year for which dues were collected, and the total amount collected.

(5) That we amend the by-laws to provide that the Secretary-Treasurer of each district be bonded by the State Society to the amount of one thousand dollars.

Whatever success that may come to this Society as a result of the past year's efforts will not be due to any effort of mine; nor to the efforts of any one group of you, but rather to the cooperative spirit that permeates each member of this Society.

I have no misgivings about the coming year for our organization. Because this Society is composed of men of knowledge, principle, and character; and will be led by one who possesses every virtue of the highest type and is a gentleman of ability. I know and you know that Dr. Branch will only add laurels to his already bedecked crown. I pledge to him, to those who shall come after him, and to this Society my best efforts.

In conclusion, may I say with humility and pride that this has been a most wonderful and inspiring year for me. With humility because I have not been able to render a more efficient service to the Society. With pride, for having had the honor and satisfaction of being the President of a Society composed of men and women who know and do the right. Who are willing to be used to the last ounce of their energy in order to carry on in the name of an honorable profession for an honorable people. Men and women who will live for and die by an honest conviction.

Again I wish to thank all officers, committees, and others who have so earnestly helped by word or deed to make this meeting a success. I have not words to express my gratitude for your unfailing help and encouragement. I hope I may prove the sincerity of my appreciation for the honor you conferred on me, when you elected me your President, by ever rendering to this Society my best service.

I thank you. (Applause.)

*Dr. H. E. Nixon:*

I would like to ask the following to act as the Committee on the President's Address: Dr. John Wheeler, Chairman, Dr. Oscar Hooks, and Dr. Wallace F. Mustian.

President Jackson, will you resume the chair?

*President Jackson:*

We will now have the report of the Necrology Committee.

*Dr. J. C. Watkins, Winston-Salem:*

Mr. President and gentlemen, we have lost several of our honored and beloved members. They are as follows: Dr. J. Fred Hall from the Second District, also Dr. S. B. Bivens, and Dr. Robert H. Jones. From the Third District, Dr. W. W. Rowe, Dr. J. H. Brooks, and Dr. C. W. Regan. Fourth District, Dr. H. N. Walters, and Fifth District Dr. L. R. Gorham and Dr. C. E. Edge.

Before we begin this memorial service, I will ask Dr. Joe Betts to lead us in prayer.

*Dr. J. S. Betts, Greensboro:*

Infinite God, the one Father of us all, in this silence may we find our song of praise. Our hearts and memories are moved over scenes and associates that are no more. Let this calm mellow our lives and hallow our thoughts, as above them cluster those Heavenly secrets which the tongue cannot tell. These are treasured as a miser would treasure his own. Our departed members have labored through stress and strain and struggle and storm. They have loitered on the moonlit tide; they have rested, and they have waited, and in an expectant moment, the heavens opened and their souls entered into immortality. Let the special favor of Thy blessing and the sweet and comforting influences of the Holy Spirit be upon the lives of those whose hearts are bedewed with love and sympathy. When Thou cometh in the darkness, when Thy hand is severe, when the thorn enters the side, and our loved ones are smitten, then Thou art most gracious and full of compassion and love and mercy and tenderness. O loving Heavenly Father, in the arms of faith we bring all sorrowing hearts to Thee, Thou whose name is above every name, the one with a marred face, the pierced hand, and the wounded side; be Thou the Divine Herald who goes before, proclaiming final peace and perfect happiness. Amen.

*Dr. J. C. Watkins:*

I will ask Dr. D. W. Holcomb to read the memorial to Dr. J. Fred Hall. Dr. Holcomb.

*Dr. D. W. Holcomb, Winston-Salem:*

DR. J. FRED HALL, WINSTON-SALEM, N. C.

JULY 9, 1904—MAY 4, 1932

MEMORIAL BY DR. D. W. HOLCOMB, WINSTON-SALEM, N. C.

Dr. J. Fred Hall was born at Yadkinville, N. C., July 9, 1904. The son of W. A. and Isabel Williams Hall. His death occurred May 4, 1932, in the city of Winston-Salem, where he practiced his profession.

After graduating from the public schools of Yadkinville he entered Emory University preparatory to his training for the dental profession. In 1922 he enrolled as a student at the Atlanta Southern Dental College and was graduated with honor from that institution in 1926. After taking the North Carolina, South Carolina and Georgia Dental Boards he located in Winston-Salem and practiced there until his death.

Dr. Hall was highly skilled in his profession and had given numerous clinics before the State, district and local societies, as well as societies in other states. But for his untimely death he would have undoubtedly been one of the leaders in the profession within a short time.

Fred, as he was known by most of us, carried with him throughout life a genial smile and a hearty handshake for his fellow-man, making true and lasting friends with all whom he contacted. In memory, he stands today loved alike by his professional brethren and laymen. A verse written by Dr. Henry Van Dyke is remembered as fittingly applied to him, which reads as follows:

“Who looks to Heaven alone  
To save his soul  
May keep the path, but  
Will not find the goal  
But he who walks in  
Love, may wander far,  
Yet God will bring him  
Where the blessed are.”

In memory fading naught, by the Grace of God, he has turned his face from the morning and stands looking down the western slope, happy and unafraid in the serene bliss of his Home over There.

He is survived by his parents, Mr. and Mrs. W. A. Hall of Yadkinville, N. C. Three sisters, Mrs. J. A. Rousseau of North Wilkesboro, N. C., Misses Ruth and Ann Hall of Yadkinville, and two brothers E. F. and C. W. Hall of Winston-Salem.

*Dr. J. C. Watkins:*

Dr. Phin Horton will read the memorial to Dr. Robert H. Jones.

*Dr. Phin E. Horton, Winston-Salem:*

DR. ROBERT H. JONES, WINSTON-SALEM, N. C.

JULY 23, 1850—MAY 8, 1933

MEMORIAL BY DR. PHIN E. HORTON, WINSTON-SALEM, N. C.

I esteem it a privilege to serve as the spokesman for my honored colleagues in voicing our appreciation of one whose death has brought not only sorrow in losing a fellow-member, but a double sense of loss, because, in the passing of Dr. R. H. Jones of Winston-Salem, we lose the last member of that wise and far-seeing group of men who met in Beaufort, North Carolina, fifty-eight years ago and organized the North Carolina Dental Society; an organization which, more than any other factor, has contributed to the progress of the dental profession and to the spirit of coöperation among its members.

Dr. Jones was born at Oak Grove Plantation, near Bethania, N. C., July 21, 1850, the son of Dr. Beverly Jones and Julia Conrad Jones. His youth was spent in the trying days of the Civil War and the more dreadful Reconstruction days which followed. In 1868 he went to the University of Kentucky, where he remained two years. Having chosen dentistry as his profession, he returned to North Carolina and entered the office of Dr. J. W. Hunter, at that time one of the foremost dentists in the South. Later he went to the Philadelphia Dental College, now the University of Pennsylvania, where he graduated in 1875. He practiced in his old home in Bethania about four years.

In 1879 Dr. Jones married Miss Sallie Fontaine Wayt of Reidsville. From this union there were five children. After his marriage he moved to Martinsville, Virginia and remained there until after the death of his wife in 1888, when he returned to Winston-Salem. He is survived by his second wife, who was Miss Amelia Holland of Virginia, and four children.

The Society he helped form has honored him in many ways. He was President in 1895. In 1897 he was made a member of the State Examining Board, succeeding Dr. Hunter. He held the position of Secretary of that Board for twelve years. Dr. Jones was a charter member of the Fourth Street Christian Church of Winston-Salem and a member of the board of finances of the Atlantic Christian College, which is the church school of that denomination in North Carolina. He was an elder in his church for sixty-six consecutive years. He was also a member of the I. O. O. F., the Knights of Pythias and the Scottish Rite Branch order of Free Masonry.

Beyond any answerable argument the highest requisite to the fullest and finest development of what is noblest in man, is sincere, consistent, heartfelt piety. It is the surest incentive to the full

discharge of all duties toward man, the truest and most unflinching inspiration of honor, the strongest safeguard of personal integrity and the most efficient aid in the pursuit and attainment of a strong and noble character. That Dr. Jones possessed this requisite, all of you who knew him well can fully attest. His uncompromising truthfulness, his self-control, his integrity of purpose, his determination to follow the standards he thought right, leave a heritage that we, as members of the Society he helped found, may not only be proud of, but should strive to emulate. In his death the Society has lost a faithful worker who gave his time and his energy for the good of the Society. Our sense of loss is very keen and our appreciation for the unstinted service he gave through all the years is unbounded.

In closing I wish to bear my public testimony to the staunchness of his character, to his loyalty to family, friends and profession, to his uprightness and faithfulness to his ideals and I trust that the mantle of his spirit may fall on us who are left. God grant that his memory, so inwoven with the history of the North Carolina Dental Society, may be an abiding benediction upon all its members.

*Dr. J. C. Watkins:*

Dr. Joe Betts will read a memorial to Dr. W. W. Rowe.

*Dr. J. S. Betts, Greensboro:*

DR. W. W. ROWE, GREENSBORO, N. C.

DECEMBER 16, 1860—DECEMBER 12, 1932

MEMORIAL BY DR. J. S. BETTS, GREENSBORO, N. C.

The subject of this sketch, Walter Wheat Rowe, was born in Philadelphia, Pa., December 16th, 1860. He was the son of Dr. Joseph Walter Rowe and Maria Wheat Rowe of that city. He was graduated with honors at the University of Maryland in Baltimore in the class of 1881, the same year coming to North Carolina and locating in Greensboro, where he practiced dentistry for nearly a half century.

On August 12th, 1886, Dr. Rowe was married to Miss Mary T. Dyson of Philadelphia, and to them were born two children, Nellie M. and Joseph Walter. The daughter, Miss Nellie Rowe, is the capable and efficient librarian of the Greensboro Public Library; the son, Joseph Rowe died in one of the base hospitals following his enlistment in the United States Navy during the World War. Mrs. Rowe's death occurred in 1907.

Dr. Rowe was a faithful, loyal member of the North Carolina Dental Society and was regular in his attendance upon its meetings, being thoroughly in sympathy with and enthusiastically supporting every move of the organization looking to advanced standing among the professions and efficiency in serving the public. He was highly regarded by his fellow dentists as an ethical practitioner of the strictest sort.

It was largely due to his influence and efforts that the Guilford County Dental Society was formed several years ago, and following one of the last meetings he attended he was heard to remark that he was pleased to observe that the organization he helped to form was "still going strong."

Dr. Rowe's interest and activities were not confined within the bounds and limits of his profession; he took a lively interest in civic affairs, taking a pride in the welfare and growth of the city of his adoption. Nor did his interest and activities stop there, he was a most active and faithful and loyal member of the Baptist denomination, in whose behalf he gave long and efficient service, being deacon in the First Baptist Church in Greensboro at the time of his death.

In the passing of Dr. Rowe on December 12th, 1932, following a brief illness, the dental profession has lost a painstaking, careful, conscientious, and ethical practitioner; the city of Greensboro a most worthy and useful citizen; and the Baptist denomination a faithful and devoted member whose wholesome influence will be felt through the coming years.

*Dr. J. C. Watkins:*

We will ask Dr. R. A. Wilkins to read the memorial to Dr. John H. Brooks, deceased.

*Dr. R. A. Wilkins, Burlington:*

DR. J. H. BROOKS, BURLINGTON, N. C.

JUNE 26, 1865—MAY 4, 1932

MEMORIAL BY DR. R. W. WILKINS, BURLINGTON, N. C.

In view of the passing of Dr. John H. Brooks, a faithful, loyal member of the North Carolina Dental Society, from this life on May 4, 1932, the Society wishes in this way to give brief expression of its appreciation of his many qualities of character, and of the faithful service he rendered as a member of this organization.

Dr. Brooks was born in North Alamance County on June 26, 1865, and spent his boyhood days on the farm. He received his early education in the public schools in that section of the county. Later he entered school at Chapel Hill. After spending two years there he entered the Atlanta Dental College; spending one year there, he entered a Dental College in Philadelphia. From there he graduated, returning to Burlington and located there to practice his chosen profession, and for over thirty years he was actively engaged in the practice of dentistry.

In 1900 Dr. Brooks was married to Miss Flora Sellars and to this union two children were born, John H., Jr., and Christine, all of whom survive him.

This, our fellow-member, was a charter member of the Alamance-Caswell Dental Society and an early member of the North Carolina Dental Society; was regular and faithful in his attendance, and was

ever ready to render any service possible in the promotion of the interests and progress of the profession.

During the years of his association with us, he manifested a keen interest in all the activities of the Society, and labored for the advancement of the spirit of fellowship and coöperation among us.

As a citizen, Dr. Brooks was quiet, unassuming, and was moved by a determination to carry on in his community in a way that would be helpful to all. He was clean in his habits and in his conduct. He believed in honesty and fair play in his dealing with his fellows. He sought no unfair advantage over other men.

His was a high sense of honor which he endeavored to express in all the affairs of his life, a quality of character worthy of emulation on the part of all. Dr. Brooks united with the First Christian Church of Burlington in early life, and was later identified with many social and civic organizations, such as Director of the First National Bank, United Bank and Trust Company, May Hosiery Mill, and Sellars Manufacturing Company.

The Society wishes to give this evidence of its deep sympathy to the members of his family in this time of their sorrow and loss, at the same time offering our services in any way that may be of comfort and encouragement to them through their trial and grief.

*Dr. J. C. Watkins:*

Dr. J. N. Johnson will read the memorial to Dr. Charles W. Regan. Dr. Johnson.

*Dr. J. N. Johnson, Goldsboro:*

DR. C. W. REGAN, LAURINBURG, N. C.

1880—APRIL 7, 1933

MEMORIAL BY DR. J. N. JOHNSON, GOLDSBORO, N. C.

Dr. Charles Wyche Regan, a life member of this Society, after a long and lingering illness, from that dread malady cancer, fell on sleep at his home in Laurinburg, April 6th, 1933.

Dr. Regan was born in Robeson County, the son of Joe Neal and Emma Matilda Regan, September 9th, 1879. He received his education in the schools of his county, Waycross, Ga., and the Atlanta Dental College, graduating from the latter college in the class of 1900. He located in Laurinburg in 1903, where he practiced for more than a quarter of a century. He was forced by failing health to retire several years ago. He was married September 5th, 1906, to Miss Anna Eliza McLean. He is survived by his wife and the following children: Annie McLean, Margaret, Matilda, Mary, Dickson and Bettie Sue. Two children, Hattie and Charles, preceded their father to the grave. Dr. Regan also leaves a brother, J. N. Regan, of Rockingham, and a sister, Mrs. S. B. Rozier of St. Pauls.

Charlie, as he was affectionately known to the members of his profession, was of good old Scotch-Presbyterian ancestry, a heritage of which he was justly proud, and a member of the Presbyterian church.

If I should seek to touch upon the many lovable traits of his character I would lay my hand upon his heart, I do not believe he had a selfish motive or a selfish feeling, he both loved and enjoyed his fellow-man. Truly Charlie Regan was an honored tenant of that "house by the side of the road"—and gave himself to his friends.

As a dentist he was both a genius and an artist. To view the mouth and teeth of one of his patients was to see perfection in operative dentistry. But the tendency of his nature made his orbit erratic. He was meteoric rather than planetary, and flashed with irregular splendor a genius so great that it was the envy and the admiration of his professional brethren.

In his long struggle against the inexorable advances of an insidious and mortal malady, he did not falter nor repine. Rather he retreated with the aspect of a victor. With more than a hero's courage, with more than a martyr's fortitude, he awaited the approach of the inevitable hour, and went to that undiscovered country. His sun has gone down, but it sank amid the prophetic splendors of an eternal dawn.

*Dr. J. C. Watkins:*

Dr. Mustian will read the memorial to Dr. Harry N. Walters, deceased. Dr. Mustian.

*Dr. Walter F. Mustian, Warrenton:*

DR. H. N. WALTERS, WARRENTON, N. C.

APRIL 28, 1875—DECEMBER 7, 1932

MEMORIAL BY DR. W. F. MUSTIAN, WARRENTON, N. C.

Dr. Harry N. Walters was born in Wake Forest, N. C., in 1875, the son of a Wake Forest College Professor, Dr. W. T. Walters, and Isabella Olivia Wingate Walters.

On December 7, 1932, he died most suddenly at his home in Warrenton of coronary thrombosis.

His early training was received in the elementary schools of Durham; graduating later from Wake Forest College.

In 1896 he received his degree of Doctor of Dental Surgery from the old Baltimore College of Dental Surgery. Practicing one year in Wake Forest, he moved his offices to Warrenton, N. C. In thirty-five years he built up one of the widest practices and maintained one of the best equipped dental offices in the State.

In 1899 Dr. Walters married Miss Lala Thomas of Warrenton. To them was born one daughter, Miss Dorothy Walters, now librarian at William and Mary College.

Dr. Walters never sought political attainments. He seemed content and happy to spend his time and talents in general practice. Being of an ingenious turn of mind and possessing an exceptional skill, he has done much to enhance and raise the dental profession to a

higher plane. His operations were of the highest order, and were really works of art.

He possessed a deep love for thorough-bred cats and dogs; although work is said by Mrs. Walters to have been his sole hobby. He was never happy unless working about his home or office. Long incessant hours and little recreation probably contributed to his early death.

Dr. Harry N. Walters was a life member of the North Carolina Dental Society, a devout Baptist, a Kiwanian, and belonged to the Junior Order of Mechanics. He loved his home and family and appreciated his friends. The dental profession has lost one of its most valuable members.

*Dr. J. C. Watkins:*

Dr. A. C. Bone will read the memorial to Dr. L. R. Gorham.  
Dr. Bone.

*Dr. A. C. Bone, Rocky Mount:*

DR. L. R. GORHAM, ROCKY MOUNT, N. C.

DECEMBER 14, 1875—MARCH 9, 1933

MEMORIAL BY DR. A. C. BONE, ROCKY MOUNT, N. C.

Dr. Louis Rhodes Gorham was born December 14, 1875, in Edgecombe County, North Carolina, and died March 9, 1933. He was the son of the late Henry Wise Gorham and Josephine George (Cherry) Gorham, both of Edgecombe County, North Carolina. Dr. Gorham was a direct descendant of Captain John Gorham, who came from England and arrived in Plymouth, Massachusetts, as a boy of about fifteen years of age in the year 1635. Dr. Gorham was eighth in line of descendants of Captain Gorham, the pioneer ancestor of all the Gorhams in the United States, who married Desire Howland in 1643, the eldest daughter of John Howland, the Pilgrim who came to New England on the Mayflower in 1620.

He received his education in the schools of his county, Trinity College (now Duke University), and the Baltimore College of Dental Surgery, graduating from the latter college in the class of 1906. Upon graduating, he began practicing in Rocky Mount, where he continued up until the time of his death. He was a member of the National, State and Fifth District Dental Societies, of the Board of Stewards of the First Methodist Church of Rocky Mount; and for the past twenty-five years Superintendent of the Sunday School of his church. He married Miss Mary Bryan of Edgecombe County, December 26, 1907. Three daughters were born to this union, Margaret, Helen, and Josephine, all surviving him except Helen, who died in 1926.

Dr. Gorham joined the North Carolina Dental Society the year of his graduation and was a constant, loyal member until the time of his death. Coming from one of the best families in Edgecombe County, he grew up under the best Christian guidance, always striving to uphold the stainless name of Gorham. Faithful, loyal, and

consecrated are the demonstratives that describe his church affiliations, and to his family he embodied all the elements of a Christ-like life. What was true of him to his family was likewise true of his family to him.

Dr. Gorham was loyal to his clientele, always having their welfare and interest at heart. Constantly doing his work with the utmost painstaking care, he was never satisfied unless he felt that he had done a piece of work the best way it could have possibly been done. This did not apply in one or even a few cases, but in every instance. He was liked by all who knew him casually and by those who came in contact with him often and knew him intimately, he was loved and held in the highest esteem by virtue of his unassuming, quiet, and sincere manner.

Attesting to his popularity and friendship was the fact that approximately thirty-five members of his profession from nearby cities paid their last tribute to his memory by attending the last rites. During the life time of his practice of dentistry, he was an inspiration to all the members of the profession with whom he came into contact because of his sincere and painstaking methods. I am sure that he has inspired me to be a better dentist and I think a better man as well. He was my friend.

May his memory ever linger with us and help to guide us not only in the practice of our noble profession but in living our daily lives throughout all time.

*Dr. J. C. Watkins:*

Has Doctor Peeler Come in? (No response.) Mr. President, I move that the memorial to Dr. S. B. Bivens be incorporated in the proceedings of the Society.

The motion was duly seconded and carried.

DR. S. B. BIVENS, CHARLOTTE, N. C.

MAY 26, 1890—JANUARY 18, 1933

MEMORIAL BY DR. GEORGE C. HULL, CHARLOTTE, N. C.

Dr. S. B. Bivens was born in Union County, N. C., on May 26th, 1890. He died January 18th, 1933, at the University Hospital, Philadelphia, Pennsylvania, following an intra-cranial operation from which he did not recover. He is survived by his wife, who was Miss Lorena Marsh, also of Union County.

Dr. Bivens received his preliminary education in the schools of Union County. He entered dental college at Southern Dental College, Atlanta, Georgia, in 1912, and finished his course in 1915. He began his practice in Marshville, North Carolina. In 1918 he became associated with Dr. P. C. Hull at Charlotte, North Carolina. He was practicing in Charlotte at the time of his death.

In the death of Dr. Bivens the profession loses one of its members who was typically progressive, ethically honest and sincere, and who was always for anyone in the profession who was working for its

advancement. He was a member of the Board of Dental Examiners, being elected in 1931 and still a member at his death.

Dr. Bivens was a member of the Masonic fraternity: a leader of the local Lions Club: an active member of the First Methodist Church of Charlotte and he was honored by being a member of the Dental Key Fraternity.

S. B. as he was called by his intimate and closest friends, has crossed the river to join the good dentists who have preceded him. We think that S. B. shall occupy in those invisible circles the same high and outstanding positions to which he ever aspired while with us. To his creator, in whom he had such implicit faith and trust, we believe has graciously awarded him generously with his possessions. "Were everyone to whom, while living, he did some kindness, to bring a blossom to his bier, S. B. would sleep today beneath a wilderness of flowers.

S. B. was ever a progressive in his profession. The burden of his work and thought was health and prophylaxis. His labors should be an active and inspiring impetus to the profession as well as the layman.

Professor Nelson Kennedy, organist, rendered a selection.

*President Jackson:*

I wish to thank Professor Kennedy for the splendid musical program.

At this time I wish to recognize some of our visiting guests. Dr. Rickert, of Ann Arbor, Michigan, who will appear on this morning's program. (Applause.)

Dr. Burns of Atlanta. (Applause.)

Dr. Sheffield of Toledo, Ohio. (Applause.)

Dr. Hughes from Atlanta. (Applause.)

I want to assure you that we are delighted to have you and extend to you the privileges of the floor.

I would like to recognize Dr. Jones, of Chapel Hill, Chairman of the Entertainment Committee. Listen carefully to the program as outlined by the Entertainment Committee. (Applause.)

*Dr. J. P. Jones, Chapel Hill:*

I want first to assure you that we are indeed happy to have you meet with us this year. If there is anything we can do for your comfort and entertainment, do not hesitate to let us know.

Dr. Jones made some announcements regarding the entertainment of members and guests of the Society, and concerning the various eating places.

*President Jackson:*

I am pleased to recognize Mr. Russell M. Grumman. If there is any one man in Chapel Hill who has worked hard to make our meeting in his community pleasant, it is he. He wants to know what your troubles are, what you want, and he will help you in any way possible. Mr. Grumman. (Applause.)

*Mr. Russell M. Grumman, Chapel Hill:*

I do not want to take much time from your meeting to make announcements, but I would like to carry out what your President has just said. Please let your wants and needs be known to us, and we will try to get you what you wish. It is our extreme desire to make this meeting as successful as possible under somewhat difficult circumstances. For one reason, you are not meeting in a hotel. We appreciate the fact that this may cause you some inconvenience. We shall try to conduct our dormitory room service on as nearly a hotel basis as possible.

*President Jackson:*

At this time I am pleased to recognize Dr. Lineberger, who will introduce our speaker.

*Dr. H. O. Lineberger, Raleigh:*

First, I would like to make a few statements regarding the program, as I am Vice-Chairman of the Program Committee. I want to call your attention to the program. We had a report from the Entertainment Committee. Their work has been fine. This year, following the usual routine, we had a meeting of the Program and Executive Committees in an effort to find out what we needed most, and then we went out to get the best man in the country in that line to give us a lecture about that particular subject. I feel sure that when this program is over you will agree with me that we have to a great degree succeeded.

You will note another thing in this program which is a change from the usual custom, and that is the matter of clinics. You will note that this afternoon we will have our local clinics, coming to the State Society from the district societies. They are of a progressive nature. You will note that the Virginia representatives will have progressive clinics, and then the invited guests will have their progressive clinics. There is just that little change and I hope you will note it, and I urge that

you will coöperate with the committee in charge of that department.

Several years ago, there graduated from one of the leading universities of this country a man learned in the science of medicine. Soon after he went into the medical profession, it was recognized by some of the leaders of our profession that the talent of this man was sadly needed in our profession, and he was persuaded to change to the dental profession. He is now connected with one of our leading universities. Last year, at the American Dental meeting at Buffalo, I mentioned to our speaker today that we would like very much to have him come to North Carolina and meet with our State Society at some future date. He very graciously replied he would be delighted to meet with us if the date was satisfactory. The Program Committee fortunately hit upon a date which was very satisfactory. Last Friday our speaker, the one who is next to appear before you, finished examinations at the University of Michigan at Ann Arbor and he and his good lady have taken it leisurely along down to North Carolina to be with us this morning. He has spoken in practically every section of this country and he has carried his message to many of other countries. I am sure you are going to be delighted and it is a pleasure and a privilege for me to present to you at this time our speaker, Dr. U. Garfield Rickert, of the University of Michigan, Ann Arbor. Dr. Rickert. (Applause.)

#### DIAGNOSIS WITH SPECIAL REFERENCE TO WHEN TEETH SHOULD BE EXTRACTED AND WHEN THEY SHOULD BE TREATED

Mr. President and Members of the North Carolina Dental Society :

As a member of the Michigan State Dental Society I bring you greetings from that dental organization. There are many things we have in common professionally, but for the first time in the history of our American political life we are both listed in the Democratic columns to support loyally a Democratic President. (Applause.) I might add that if you will exonerate us for having been so persistently in the Republican ranks, we will forgive you for the political blunder you made nearly five years ago. (Applause.)

The hour is already late and I think I shall change my order of program somewhat. In my talk to you I hope to present three different aspects of the focal infection problem, first an historical background with some additions which are essential for the support of the diagnosis and the methods applied, second, the mechanisms or ways in which teeth may produce disease far removed from the mouth, and third, clinical experiences in the treatment of the focal

infection problem. In a subsequent appearance before you I shall give you the application of the principles. Instead of following the usual practice in dentistry and giving my opinions of the problem, my second lecture tomorrow will be illustrated so that I can show you lantern slides to demonstrate why we have come to our conclusion, and in that way I may be able to help you recognize certain aspects of the problem, which are not yet entirely understood by any investigator. At the clinic tomorrow afternoon you will be allowed to ask me any questions you like.

I am not going to give a complete history of this problem but shall begin with twenty years ago when dentistry had developed into one of the mechanical arts neither altogether a profession nor altogether a business. The development of the focal infection problem gave us new life. Our profession had become somewhat dissatisfied because it constantly felt some social stigma. Our services were not recognized so appropriately as were those of medicine and law, but with the introduction of the focal infection problem dentistry became more than a mechanical art. There is no need to review the changes following the introduction of the biological sciences into our profession. Recently Past-President Elliot of Harvard made, in effect, the statement that in his seventy-five years of educational experience the most interesting development and progress made by any profession had been made by the dental profession. It has come about because of the broadening influence the focal infection problem has had on the dentists.

When this problem was introduced, the dentists, who had not been scientifically trained, gave opinions. The results of scientific experiments later showed that these opinions were based on fact. Today, however, we have all been trained in the biological sciences to a certain extent.

That there is a definite relationship between dental pathology and certain secondary effects has been proved, and no man who has been practicing dentistry with open eyes can deny it. It was perfectly natural that, with these new facts thrust into its possession, the profession should run for a while as an engine without a governor belt, and as a result it "proved" that practically every disease known to man had, in some way or another, a definite dental relationship. I want to leave with you and for your understanding a better picture of the mechanisms through which secondary effects take place. If I do nothing but leave that idea with you, I believe you will be in a better position to make saner diagnoses of the patients with whom you are confronted every day.

The dental focal infection problem would have been solved much earlier if the mechanism of the immediate relationship of dental pathology to certain secondary effects had been better understood. The dentist had generally believed that systemic effects of dental diseases were always due to *bacterial metastases*. There are, however, at least two other ways by which teeth may affect tissues far removed from the mouth. They are *intoxication* due to dental infection and *allergy*, neither of which has to be initiated by bacterial activity. The mechanisms, briefly stated, then, include *metastasis*, *intoxication*, and *allergy*.

## METASTASIS

The dentist has come to regard bacterial metastasis emanating from teeth much the same as the process involved in the swarming of bees. In the case of a hive of bees, when multiplication of workers and queens has reached a point where conditions become crowded, the young, active members and a queen emerge from the hive to seek new fields of activity. It may be the hole of a tree or the corner of a house, but it must be a new place. When such a place is found, a new colony is established. The dentist has come to regard apical infection in that way, namely, as a focus, crowded with organisms: to him they are streptococci. The fact is that staphylococci and even rod forms also occur. From this crowded focus a number of organisms emerge and by means of the circulatory system travel to a new, suitable field for localization, often a traumatized area of lowered resistance where a new focus, quite apart from the original dental focus, is established. These organisms, as is evident, may become greatly multiplied.

It has been quite definitely proved that this procedure takes place, although not so frequently as many of the earlier enthusiasts believed. It is, however, unlike the illustration of the swarming of bees in that the majority of dental foci of infection do not spread because they bubble over with numbers from within, but because they can find a more suitable field outside of the original focus. Then, too, the localized defensive mechanism, the granuloma, frequently gives protection and defense many times greater than the quarantines offered by the protective membranes of the mouth itself, especially with regard to pyorrhea pockets and traumatized areas about the teeth. Hence the operator must use judgment to determine where metastasis occurs before blindfoldedly extracting important teeth.

## INTOXICATION

The second mechanism through which the secondary effects occur, that of bacterial toxins, is perhaps as important as true metastasis, although it is rather difficult definitely to establish laboratory proofs. Perhaps the most common secondary effect of this type of involvement concerns the eye. In cases where direct metastasis (that is, when a vital part such as the vitreous humor is affected, for example, by gonococci, sight may be lost within a few hours) would be impossible, marked changes may take place in the eye producing various forms of eye involvement, due perhaps to bacterial toxin sensitizations (allergy). One of the most striking examples of this is corneal keratitis. We have been able to demonstrate cases of iritis which may have been the result of metastases of organisms of dental origin only is cases of pyorrhea, and they were superficial eye infections only. Other eye involvements depend either on metastases of toxins or on allergy.

## ALLERGY

The third mechanism, that of allergy, is the most difficult one of all to demonstrate, yet there is overwhelming clinical evidence to show that some action such as that occurs. In our large dental clinic at the University of Michigan, we sometimes have senior stu-

dents who, shortly before the end of the year, expose a vital pulp during cavity preparation. In such cases they are then required to remove the pulp and fill the canal before the cavity is filled. Since this necessitates a great deal of work and if the students have completed their quotas of root surgery cases, it happens that they merely remove the pulp, seal in a bland dressing, put in a temporary cement filling and tell the patient to return a week or two later, at which time Commencement is over and the unappreciative students (of which we all have a few) are graduated and gone. Then, when the clinic opens again in October, the patient may delay for some reason and not come in for a month or two, at which time we always note marked periapical changes from the radiograph. However, in a large number of cases no organisms can be found. In a few cases we could denote evidence of an association with the eye, or with joints in certain types of patients. Since the treatment of such teeth brings almost immediate relief, this condition, when taken from a considerable number of cases, gives strong evidence that teeth are the initiating cause, yet the cultures of many of these teeth have given negative results. We have tried experimentally in animals to demonstrate this condition, but so far the results of our work are inconclusive. You will note that the amount of material used as antigen in laboratory animals for the sensitization of one tooth would be so small that it would be difficult to obtain results unchanged chemically, and hence the experimental demonstration is a most delicate one. Dr. Weisberger from Harvard showed the possibility of its effect through the teeth by the Dale reaction on young female guinea pigs. We have verified this possibility with specific proteins. When the dissolved organic product of the tooth has been used, however, our results have not been conclusive. The most, then, that can be said is that Dr. Weisberger's work as verified by us substantiates the possibility of a route through the teeth for sensitization.

Since there are three different ways in which teeth may affect the eye, you will understand why those of us who have devoted much time to the study of the problem have not completely solved it. You will then ask, "What shall the general practitioner's procedure be to control the problem?" In order to be convincing I shall give you first a brief history of our experimental and clinical studies to convince you why our methods are worthy of practical application.

When this problem was first projected into the dental profession the dentist was unprepared to deal with a problem that requires scientific understanding for its intelligent control. As one might have anticipated, the majority of dentists can recall how patients here and there from their practices had improvements in general health following the extraction of teeth. Most frequently these spectacular cases were those where all the teeth were extracted in preparation for dentures. The explanation of these wonderful results is given below. Let it suffice here to say that where both vital teeth with degenerating pulps and pulpless teeth are extracted, *all* the causes are removed and, obviously, relief follows. With the projection, then, of this interesting biological relationship many dentists temperamentally unsuited and with inadequate training undertook to make in-

vestigations and reports which so cluttered our literature that it contained one of the most amazing accumulations of pseudo-science ever acclaimed by any profession. These spectacular announcements, in most cases largely guesses coupled with observations of some of the individual general practitioner's cases, added tremendously to the confusion and all but discouraged to the point of extinction an important dental procedure, root canal surgery, valuable both to the public and to the profession provided of course that scientific and technical methods are applied in its practice.

What do I mean by this? The abandonment of this practice would be a great loss to the profession and the public, a loss to the public in that dentistry would not be serving its patients as adequately as it should, and to the profession in that it would be casting aside the most interesting problem of research the profession has ever engaged in. As one dental dean has ably said, "I hope the problem will never be solved because it has such a stimulating effect on research and dentistry in general." Another reason why root surgery cannot be abandoned is that we must remain a self-respecting profession. I can show how tremendously more damage was done by the subtle effects of elaborate restorations which were required following the extraction of many teeth, which proves that our mechanics have not so far excelled our inadequate root surgery practices from the standpoint of health service.

Several years ago I was speaking before a large dental audience to whom the essayist speaking just before me advocated the most elaborate dental restorations. His products were nationally advertised. One saw cuts of them in many of the dental journals. When I was introduced to this essayist he said, "Oh, you are the Rickert who is studying the focal infection problem. Well, you have my sympathy. By our method we extract the suspicious teeth and take no chances." I said nothing to answer him then, but in the opening remarks of my lecture I referred to the above conversation and added, "My subject needs no apologies or no sympathies. When I think of the scientific strides made in dentistry during the past fifteen years, stimulated largely by the focal infection problem which supplied by far the greater part of our dental research adventures, gave us our first biologic contact with medicine, and finally made us something more than crutch makers, my subject needs no apologies. In fact, I am trying to avoid the necessity for these golden barbed-wire entanglements that you have just observed in the slides of the last speaker." At that time that statement sounded harsh, but I already had had experience with these restorations and the effects they produced on the contiguous teeth when, as was too frequently the case, they were inadequately made. We have found vital pulp degeneration and their sequelae resulting in secondary affections equally if not more astounding than the secondary effects resulting from inadequate root surgery. I cannot quote the entire poem of Edgar Guest who has given so beautifully in verse a description of the wonderful things that dentists seemingly can do mechanically. What he did with his own beautiful entanglements he satirically reveals in the last two lines of the poem, for he says, "My maid it shocks to find it in my collar box."

Another interesting illustration is that of the dentist with whom I traveled recently in the wilds of the far north. He had one of these entanglements, but not having a collar box with him, he carried it in his pocket. After having lost it in the northern woods, he told me it cost him nearly three hundred dollars. Now I have seen so many of these tragedies that after five years I have no regrets for the rather severe criticisms I made of the limitations of that kind of restoration and of the men who had not learned the technic. Thousands of these restorations are lying in collar boxes, or they are brought to the clinic, and we are asked what they are worth for scrap gold. Of course, it may be said that many of them are improperly made, which is true in view of the fact that the men who actually made most of them never saw the patients. It can be said of root surgery, too, that its downfall was due to inadequate practices, and not because the wrong men did the work. Failures are due to improper technic. In instances where teeth must be extracted, we believe that it is possible to make restorations which will not involve the adjacent teeth, but it requires a mechanical and a biological understanding of the case. In conclusion to this thought let me say that we have carried the problem to a point where we believe that if root surgery had been properly practiced in the majority of cases where extraction had been resorted to by the trial and error method, root surgery would have given a much higher percentage of success with no greater risk of serious secondary sequelae. We have maintained for sometime that root surgery would have remained the more popular way to treat if some method could have been found during more prosperous times whereby our patients could be wrapped in small packages and sent to the dental laboratories. We are not speaking disparagingly of technicians because we know that some of the work they did was more satisfactorily done than was that of the dentists, a sad commentary emanating from a teacher of dental students.

This brings us, then, to the question of vital degenerating pulps. Thousands of Americans today are suffering from systemic affections, initiated from degenerating pulps as a result of appliances on vital teeth. This subject is sufficient for a lecture in itself, and we can deal with it only very briefly. We have cultured many vital teeth. The etiological relationship of infected degenerated pulps constitutes at this time a far greater problem for the dentist than the pulpless tooth, first, because the number of pulpless teeth has been greatly reduced by the extraction orgy, which almost eliminated the pulpless tooth menace, second, because the vital infected degenerating pulps are numerous at the present time because the restorations necessitated by the extractions caused so many more than existed previous to the orgy, and third, because they are very much more difficult to locate. When I first studied the pulpless tooth problem, I found that only one in twelve persons between the ages of twenty-five and fifty who came into our clinic did not have, and never had had pulpless teeth. While no survey has been made recently, general observations indicate that not only has this ratio been tremendously reduced, but also that the degenerating conditions have been tremendously increased. This latter condition is ex-

remely difficult to manage because the offending tooth is so much more difficult to locate. In the pulpless tooth the radiograph will tell us at least something of periapical pathology. Objectionable teeth may then be eliminated either by adequate root surgery or by extraction. We do not advocate the trial and error method at all. The radiograph, however, gives assistance only to the more advanced cases of vital pulp degenerations. Our present management of the degenerating pulp problem, then, requires more promiscuous extraction than pulpless teeth ever did. We are required in emergency cases to extract more frequently teeth that are innocent than we were with pulpless teeth which now can be readily located.

When a physician, and I am not speaking of the garden variety but of a competent internist, has carefully examined your patient and insists that he finds nothing and leaves it up to you to remove dental foci of infection, then the dentist faces a difficult problem. Many times we have been compelled to remove pulps of two or three innocent teeth or to resort to extraction before we finally located the real offender. The teeth with vital degenerating pulps which are the easiest to locate are those which have occasional soreness, mild pulpitis, with occasionally a brief twinge (almost a pleasant pain) lasting only an instant. In such cases marked improvement may have been noted in suspected secondary effects. An excellent radiograph of certain advanced cases will show a halo about the root apex, much larger than the average granuloma, yet with just as definite a margin but much less in evidence, even in the best radiographs since the enveloping tissues are not completely destroyed. The clinical symptoms are not yet well determined. Certain forms of arthritis and neuritis and certain of the eye involvements have been found to be due to these cases. The citing of cases has been of such general practice that I shall refrain from doing so, for to me it has become as obnoxious as the patent medicine testimonials because so many of them have been speculative and inconclusively proved. So I say to you North Carolina dentists that the larger problem the dentist has today is that of the vital pulp degeneration under large restorations. We are working as fast as we can in our laboratories to establish an insulating material against heat and cold, one that will be less insulting to our pulps, and less electrodynamic than anything we have at the present time. In fact, we are forecasting dental materials more adequately suited to the needs of the teeth than those available today. We predict that within thirty years synthetic materials will largely replace the noble metals.

The earliest symptoms of a rheumatic attack caused by an infected vital pulp degeneration may be a stiff neck which may be relieved gradually and move slowly to the gluteal muscles and finally may involve certain of the joints, especially the shoulders. When these symptoms are in evidence you are advised always carefully to examine the pulps under large restorations. In my illustrated lecture I shall show you extreme cases where I would call it malpractice to extract. On the other hand, I shall show extreme cases where I would consider it approximating malpractice to treat. Your diagnosis of treatment or extraction must be determined by your

being able to treat adequately by root surgery methods or, if you cannot, and are thinking in the best interests of the patient, by knowing of some practitioner who can treat the case properly. For cases which lie between these two operations, you must make your own decision. In no case should you undertake root surgery without a careful study of well-tried methods. I have no grievance with anyone who dislikes this work, or with anyone who will not do it, for he would not do it well with that attitude. You may have the attitude toward it that I have toward prosthetic dentistry. When as a student I made the two dentures required in the dental clinic, I swore that they would be my last, and I have kept my pledge. The taking of impressions has never appealed to me, but I have the greatest respect for that competent group which is achieving this public need. I say this to encourage those who have never given up and are willing to learn the scientific method of managing by less destructive measures than promiscuous practices.

The conclusions that have been drawn in this report have been taken from a clinical and experimental study of thousands of cases. When we first undertook this work fifteen years ago, we found it necessary to spend a number of years to develop satisfactory culturing methods, for, as you will understand, we were working in a field (the mouth) teeming with millions of organisms and to take a culture and to be sure that it is not contaminated requires the technique not only of an experienced bacteriologist but of one familiar with oral bacteriology. We had been interested in the subject for a number of years but even with that experience found it necessary to devote much time to the method of culturing. Today we are occasionally confronted with cases from which, in spite of all the different methods used, we cannot obtain conclusive results. You can see, then, why I have little faith in the reports that come from dentists who say that they found an infected tooth and sent it to the laboratory which reported streptococci present. The amazing part of such reports is that if the result had been negative under such conditions of culturing one would have questioned the methods of the bacteriologist. It would have been more unusual if he had not found streptococci. The work in our laboratory is not conclusive as to the number of streptococci present in the secretions of the mouth, but it indicates that more than 60 per cent of the organisms are streptococci. This coupled with the fact that a cubic centimeter of gingiva around the tooth may contain many millions of organisms, will enable you to visualize how difficult it is to culture in the mouth, and how worthless a report of such a culture is, unless it has been made by a specially trained operator. One method that we use at the present time to culture is the window method where, after a thorough and controlled sterilization of the superficial tissues, we open a flap over the apex of the tooth. The second method, which is in cases where it is possible to use it, more satisfactory, is to culture through the pulp canal. This method lends itself adequately to perfect control. Our first pathological studies were made on extracted teeth and the percentage of positive results was so tremendously high that we nearly abandoned as hopeless the practice of root surgery. It was only after we had worked out these two safer

methods of culturing that we observed that the pulpless teeth were not infected so frequently as was indicated by our earlier studies and by the studies of others who had worked on extracted teeth. When large numbers of cases cultured by the window method are compared with those cultured through the canal, the percentages of positive and negative are generally the same, but when compared with those of extracted teeth, for obvious reasons, there is no uniformity of results.

We are about to enter a new social and clinical order which will require that dentistry meet its obligation for continuous rendering of greater services to the patient. We cannot afford to jump from one thing to another unless we carefully test the practices that have had merit and abandon those without merit. Ways and means must be found to extend our services to a greater number of people. Our economic studies must be directed toward the mutual advantage of both patient and dentist. We must face the facts frankly; in some instances our practices were governed more by the economic advantage to the dentist rather than to the patient. Sound judgment will convince any man that both must profit or our case is lost.

We have talked health service and too frequently have rendered anything but health service. The term is justifiable when actual health service is rendered, but we must not overlook the fact that the trades, too, are capitalizing on the significance of health service. Heating engineers are saying, "Do you know that three-fourths of the common colds are caused by inadequate heating systems?" Refrigerator manufacturers are saying, "Protect the health of your family by proper refrigeration." The plumbers, too, come in for their share of profits from health and sanitation and are using the health service caption for the promotion of their interests. Recently I was requested to examine a bill sent to a physician in our city for dental services rendered to his son by a dentist at Princeton where the son was in the University. It read like this and covered one and one-half pages (the services rendered were for four inlays):

"The account of the bill of \$150.00 for services rendered on four inlays may be itemized in this way:

|                                       |         |
|---------------------------------------|---------|
| Date: Cavity preparation 2 hours..... | \$20.00 |
| Date: Wax impression ½ hour.....      | 5.00    |
| Date: Setting of inlay 1 hour.....    | 10.00"  |
| etc., etc.                            |         |

Each inlay was specifically itemized as the above illustration is. It appeared to me much like bills I have received which read something like this:

|                                |         |
|--------------------------------|---------|
| "Date: 10 ft. ¾-inch pipe..... | \$ 8.00 |
| Date: 1 kitchen sink.....      | 15.00   |
| Date: 2 bibbs.....             | 6.00"   |

One wonders whether the health services of the plumber may not soon be advanced to a state where he, too, will say, "To professional services rendered . . . \$15.00." We are not ridiculing the term,

but we want to remind the profession that an increasingly wiser public is analyzing our methods and that we must place our standards on terra firma. We must think of a high type of service, and our bills must be gauged by the quality and time used to render such services, time to be considered in the light of the number of years devoted to the practice. Dentistry is a most valuable service when capably rendered, and no dentist should hesitate to ask for adequate remuneration.

It is certainly not necessary now to extract single-rooted teeth of strategic importance. More than half of our complement of teeth are single rooted. In practically every instance such teeth may either be treated directly and the roots filled, or in the virulent cases they may be permitted to drain until soreness leaves, then sterilized and managed by root amputation. We have done many of these in our large clinics during the past sixteen years, and I assure you that no dental practice has given a higher "batting average" of successful operations than this one. In fact, the failures are much greater in the practice of all other specialties of dentistry. Root amputation has certain advantages over direct root surgery in that patients may come long distances and have the entire tooth treated in one day and again return to their duties, eliminating the tedious number of visits to the office required in straight root surgery and treatment. Dr. R. F. Sommer, who has been working with me for eight or ten years on this problem and who has charge of the operative end of it in our dental clinic, will submit the detailed root surgery procedure appended to this lecture. From it those of you who are interested in this work may get the technic. This technic has been appreciated by many dental students who, before we had the simplified method, detested root surgery. This, coupled with the fact that during the depression many more patients who required either root surgery or extraction had from fifteen to twenty-five dollars than had from forty-five to sixty dollars, a comparative fee basis for the two operations, has increased its use. Too, many who have made a careful study of this work say that they have no work that is more interesting. It requires skill, but so do all other dental operations, but the failures of some may not be so serious to the health of the patient as failures in root surgery.

One other notable contribution which has materially aided our diagnostic procedure is the international study of the causes of rheumatism. It has been noted that as far as dental infections are concerned, we have two types of patients: those to whom I have referred as hypostreptococci-susceptible and hyperstreptococci-susceptible. The committee studying the control of rheumatism has classified these rather on the pathological evidence as atrophic (or rheumatoid) and hypertrophic. The atrophic type is more prevalent under the age of thirty-five and is frequently associated with infection. That is where the dentist must coöperate with the physician to remove all possible foci of infection. This form is characterized clinically by an increased radiolucency even to the ligament origins while the hypertrophic, most frequently found among patients past thirty-five years of age, has a tendency to greater opacity to the

X-ray. At that age the bones and joints have increased calcification and metabolic differences, and the patients are usually victims of arthritis. Of course, even where the dentist has removed known infections as far as is possible, marked relief from these symptoms seldom occurs with the extraction of teeth. It was but a few years ago that we tried to coöperate with the physician who could not find the cause of the hypertrophic form and extracted many teeth on suspicion but with no permanent relief. The most that can be said of this type is that in certain cases infection might be a contributing influence, as in cases of patients with an hereditary background and evidence of streptococci susceptibility. When coöperating with the physician, the dentist must be more radical than he is with others. It would be to the interest both of the public and of the profession if the dentist would so prepare himself that he might intelligently make these diagnoses in conjunction with the physician. Both the patient and the physician would have greater respect for us, and when I speak of the physician, I refer again to a competent internist, one who is not influenced by the results obtained from the last patient treated, either by radical or conservative methods. In Ann Arbor we have a happy relationship with trained internists, and the embarrassing situations that have frequently been pictured to me by members of the profession elsewhere do not occur. When you see patients in whom you suspect some source of infection, you should have two or three trained internists to whom you can refer them for diagnosis. Don't just take the easiest course and say, "See your family physician" because in many instances the justice of the peace might as well make the diagnosis and you won't have the information that you require. You can say, "Your physician is all right, but this man knows what I want to determine." With a few years of experience in this direction, the unfriendly feeling that many dentists have when conferring with physicians will disappear. In many respects I am neither a bacteriologist nor a dentist but a research man, working on problems involving both the fields of medicine and dentistry. As a neutral observer, I can truthfully say that the dentists need have no embarrassment in discussing these problems in their field because, as a group, they are rendering just as efficient service as the physicians. What we are aiming for is an increased number of dentists who will think first of the patient's welfare and then have the courage to ask for an adequate, reasonable fee for value received.

Let me say, then, in conclusion that I have been moved by your splendid enthusiasm and activity, and by your excellent hospitality. I leave your State with the highest regard for North Carolina dentists and trust that I may have said something which you may apply in your practices to the advantage of your patients and to the honor of the profession. (Applause.)

*President Jackson:*

I will ask Dr. J. Martin Fleming to introduce our next speaker.

*Dr. J. Martin Fleming, Raleigh:*

When I was a student at the University forty-five years ago, I frequently saw two boys playing in the yard of their paternal grandfather, on the site of the present post office. One would throw up a tin can and the other would shoot at it with a rifle (I was struck with the accuracy of their aim.) One of those boys made it his aim in life to know and learn all he could of the human kidney. The accuracy of his aim and accuracy of his research has brought him to a high place in the estimation of those who know him. It has given him an international reputation. It gives me pleasure to present to you Dr. William MacNider. (Applause.)

*Wm. deB. MacNider, M.D., Chapel Hill:*

#### THE RELATION OF DENTISTRY TO THE INDIVIDUAL AS A WHOLE

I appreciate very much the privilege which the State Medical Society has extended to me in permitting me to be here on this occasion. I feel rather foolish in attempting to make any address or any talk after the magnificent statement which you ladies and gentlemen have just heard given you by Professor Rickert. I want to differ with him, and I think I can prove the points on which I differ.

I want to talk about the development of medicine and that of dentistry. Medicine started out in terms of generalization, trying to understand the individual as a whole. Hippocrates, the father of medicine, and Galen, his worthy successor, and the Greeks, Romans, and all through the Middle Ages—they did not have specific information about the brain, or the mouth, or the teeth or kidneys, or the heart. They tried to obtain an understanding of the individual as a whole, the organism as a whole, and the older physicians approached disease from the same point of view, which I think is the proper point of view, in order to see the whole story that develops in an individual who is sick.

Then you know what happened to medicine. It required more and more information and it became more and more specific, and we developed specialists in the different branches of medicine. It has got to the place where the colleges can see but one thing, where the doctor can only see a sick individual in the terms of a specialty. He does not see the organism as a whole. The specialist does not see the sick man as an organism, or an animal. Something happens which makes the patient depart from what is his environment and become in an abnormal, or pathological, or sickened condition. The old physicians had that. They knew a great deal which we do not know. They were able to say that an individual was looking better or worse and not infrequently he looked better than he was worse. That is profound insight into the sick individual as a whole.

As I see it, dentistry went in just the opposite direction. It commenced as a specialty, a very strict specialty. I suppose at the commencement of dentistry it consisted primarily of extraction of teeth which were obviously in an advanced stage of caries or deterioration. I can very well remember, and I am not old—because if I said I were old, I would not be very complimentary in my remarks to Dr. Fleming—I remember very well the traveling dentist of this town. At first, he had the old pedal and wheel he used for his drilling, for taking out the decayed part and packing something into it. Dentistry did exactly the opposite thing from what medicine did. It branched out. It applied itself. It related itself to the individual as a whole and in my judgment it is the most outstanding advance that has been made in the medical or dental science in recent years. One of the most outstanding advances in dental science is the development dentists have made not so much in terms of treatment of the mouth and of the tooth, in its congenital and acquired form, I know nothing of that, but of the interest of dentistry in the term of the individual organism as a whole and in terms of diseased teeth affecting the remote part of the body. I think a most interesting thing in medicine, other than the action of digitalis in some types of heart diseases and the action of a few substances like that, is the major result which develops from the extraction and treatment of teeth. The relationship is amazing. It is a proper thing. The connection is one of the most dramatic things we know of. The most interesting part I can connect in representing the State Medical Society here this morning is one of the terms of focal infection. That is a thing that is tremendously over-ridden. It is usually, I think, an expression of ignorance. Doctors, years ago when they had no idea of what was going on, said it was a disturbance of the gastric organs. Then that wore off. People became simple enough to see through it. The doctor had to develop something else. A splendid statement to make was that it was a metabolic disturbance. It is a mouth full. It is a splendid word. It doesn't mean much, but it covers up a multitude of ailments and probably a multitude of sins. Then came the disturbance of the hypogastrium. No one has any idea of what you are talking about, and you haven't either.

My feeling is that focal infection is a tremendously over-worked affair. I think it requires splendid judgment with X-ray added, and general judgment, in order to say whether this tooth should come out and whether this thing should be done, or that thing should be done. It is a question of fine judgment of what is superior, in a very marked degree. There is certainly such a thing focal infection. The thing which has interested me very much is the fact that there are organisms found in the mouth, and that the mouth provides an area for these organisms to develop. I think Dr. Rickert has shown that pretty clearly. There is a variety of streptococcus which you can isolate from the mouth and other areas, and if you get these germs into the blood stream, one variety will affect the urine, another will pick out the heart muscles, and so on. It is the chemical environment. The culture must be favorable for its growth and development. Another will pick out the brain and produce a

brain abscess. The other will affect the uterus. I think there is such a thing as specific relationship between the different types of bacteria found in the mouth and found in teeth and different organs. In other words, focal infection is a very real thing and it is an extremely foolish thing. I think it has been over-ridden. You dentists should guide the physician in that connection and keep it from being over-ridden. Do not extract teeth because some foolish individual who is ignorant wants them extracted.

I am going to say something I have no right to say, because I do not know what I am talking about. It seems to me that when you extract teeth, it is foolish to curette. I know you think I am wrong, just as I think it is a foolish thing for a physician to do when he has opened a boil or abscess to curette. That is the most ridiculous thing I think a surgeon can possibly do. If you have a boil, a kind of fence is thrown up around the center of the boil and there is a barrier. That is the defense nature has put there against the extension of that infection. Nature put it there, put it there for a specific purpose, to wall off and localize that infection. The thing to do is to open the soft place and gradually, by gentle pressing, get the pus out. Sometimes a doctor gets in a hurry, or is overly anxious, and after he cuts into the boil and presses what pus he can out, then he curettes it. What in the deuce they do that for, I cannot see! They cannot remove all the bacteria. That is perfectly mechanical. They can't sterilize the area. If you use a germicide strong enough to kill all the bacteria, you destroy the cell tissue around the seat of the abscess. When you curette, you break through this barrier nature has provided and enable the bacteria to get into the blood stream through the capillaries and it is disseminated throughout the body.

Right in this town, one of our most prominent citizens had that happen. He had a carbuncle. That was the treatment he received. He had a blood infection and there was an infection of the heart muscles and he was an ill man for months.

I am not informed enough on the subject to be very specific, but I have been specially interested in the teeth during pregnancy. I think pregnancy is a wonderful state. A pregnant woman should have the finest care and consideration, physically and psychically and every other way, that it is possible to give. I think that is where a woman needs the most care. She needs every consideration. I do not care to say anything about it from the standpoint of diet, but I want to make this statement, and perhaps it may interest you and perhaps it may be of value: Not infrequently during pregnancy do teeth get in bad condition. Of course, you can handle any simple thing. When teeth are extracted, I should think that would be a questionable procedure. It seems to me that should an infection arise, it would be highly pertinent that it be kept local.

There was a woman in this town, I will cite this case and then stop. She was seven months pregnant. She was the loveliest human being that I have ever seen. She had an infected tooth; there is no question about that. The tooth was extracted, and then the area was curetted. She developed some slight fever. It was not sufficient fever to consult a physician. From history she must have had an

incidental rhythm every now and then. And in the seventh month she went into premature labor and gave birth to a dead child. The child had been dead several weeks, which was easily ascertained on account of its condition. Following the birth of the child, there was expelled from the uterus some two or three pints of pus. Following contraction of the uterus, she had a general blood infection. On the fifth day of her infection, in studying the blood for malaria as a possible cause, on one slide area, I found seventy-two streptococcus. I have that slide now, showing the overwhelming type of infection she had. She lived seven weeks and averaged three and a half chills every twenty-four hours. The lowest temperature was 103.2. The highest temperature, I do not know.

It was very interesting to note that when some rabbits were used for an experiment, some streptococcus bacteria were cultured and injected through the ear of the rabbits and in a distinct number far above the majority they were able to infect the uterus of the rabbits. That resulted in dead foetus and premature birth.

In conclusion, I will say it is always a joy to be with a group of people who are gaining information and who are broadening the scope of their understanding. As the doctor started from generalization and then specialized, he must now get back to the whole story. The dentist started in the opposite way. From being a specialist, localized, isolated, he is now seeing the relationship of his specialty to the organism as a whole, which I think is a very outstanding chapter in the science and art of medicine and dentistry.

Mr. President, I appreciate your letting me be with you. (Applause.)

*President Jackson:*

I wish to thank Dr. MacNider for the splendid address. I am sure we all enjoyed it.

I am pleased at this time to recognize Dr. Sam Kent, President of the Virginia Dental Society. (Applause.)

*Dr. Sam Kent, Danville, Va.:*

Mr. President, ladies and gentlemen, it is a pleasure to be with you. That goes without saying.

I live in Danville and the neighboring town of South Boston has always tried to out-do us. It has been going back and forth for a long time. Finally, the South Boston papers were able to announce that Danville's iron bridge had burned. It was not long after that until our newspapers reported that we had a call for our fire department to go to South Boston, that the fire station had burned down. (Laughter.)

In the same way, we take our hats off to North Carolina. You have led us and showed us the way to organize a society,

and how to organize your men all over the State, and especially in the small towns. We have not kept up. Only recently the Legislature of North Carolina was in session and you made it a great pleasure to come down from home to the North Carolina line, just three miles from town. (Laughter.) We also note that you put the unethical advertising man out of business, showing us the way again. We do not look upon you with envy, but with pride. I thank you. (Applause.)

*President Jackson:*

I am sure we are delighted to have you with us and hope that you can stay during the meeting.

*Dr. D. L. Pridgen, Fayetteville, Secretary:*

I have two telegrams here I would like to read. The first is from the Virginia State Dental Society and signed by Dr. A. M. Walsh, Secretary-Treasurer. It is as follows:

“Dr. D. L. Pridgen, Secretary-Treasurer,

North Carolina Dental Society, Chapel Hill, N. C.

Greetings from the Virginia State Dental Association.

A. M. Walsh, Secretary-Treasurer,

Virginia State Dental Association.”

I have here another telegram, this one from the American Dental Association. It is as follows:

“Dr. D. L. Pridgen, Secretary North Carolina Dental Society,  
in Session University of North Carolina, Chapel Hill,  
N. C.

The American Dental Association again greets you and extends best wishes for most successful meeting. Your Society is also cordially invited to attend the Diamond Jubilee Meeting of this Association which is to be held in Chicago next August seventh to twelfth inclusive.

HARRY B. PINNEY.”

I would further call attention of the membership to the directory of the local clinics which you will find suspended from the doorway as you leave the building. The clinics this afternoon will begin promptly at two o'clock. You are requested to be on time.

*President Jackson:*

Please consult the directory and govern yourselves accordingly.

The meeting adjourned at 12:55 o'clock p.m., Tuesday, June 6, 1933.

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## FIRST DAY—TUESDAY, JUNE 6, 1933

### MEETING OF HOUSE OF DELEGATES

The House of Delegates was called to order at 8:30 o'clock p.m., by Dr. Wilbert Jackson, President.

*President Jackson:*

The House of Delegates will come to order. What is your pleasure, gentlemen?

*Dr. J. Martin Fleming, Raleigh:*

I guess the roll call is the first order.

*President Jackson:*

We will omit the roll call. We have a quorum.

*Dr. J. Martin Fleming:*

I will not raise that question.

*President Jackson:*

Are there any committees ready to report at this time? If so, we will hear you now.

*Dr. J. Martin Fleming:*

I have right many reports in my system. If you will bear with me, I will go through with it as quickly as I can. I have here the report of the Relief Committee.

### REPORT OF DENTAL RELIEF COMMITTEE

Your committee in charge of the Dental Relief Fund reports on hand, as of June 1st, 1933, \$1,300.61. Since the report was made at Elizabeth City the fund was augmented by \$200.00—the annual 1932 contribution from Dr. Maddux and the \$200.00, 1933 contribution

from Dr. Pridgen. Six payments of \$200.00 per year (1928 to 1933 inclusive), have been made and interest on the same has amounted to \$100.61. The fund has been in the North Carolina Bank and Trust Company, but by some stroke of good fortune it was transferred about a year ago to the Wachovia and is still intact. However, the committee desires that the House of Delegates designate a depository for it. We are beginning to have claims sent to us, but so far our position has been that it should only be used for needy dentists—those really needing the creature comforts. One or two cases are being investigated.

Respectfully submitted,

J. MARTIN FLEMING, *Chairman.*

F. L. HUNT,

J. S. BETTS.

*President Jackson:*

You have heard the report. What will you do with it?

It was moved, seconded, and carried that the report be adopted.

*Dr. J. Martin Fleming:*

I have the report of the Legislative Committee.

#### REPORT OF LEGISLATIVE COMMITTEE

Your Legislative Committee has had more than the usual amount of work thrust upon them during the recent session of the Legislature. First the report of the Reorganization Committee threatened the elimination of the dental work so successfully carried on by Dr. Branch under the State Board of Health. By the time we had that ironed out the work was again threatened by a decreased appropriation to the health program. Probably our hardest fight was made on this one item of legislative work. We made common cause with the State Board of Health on this fight, determined to stand or fall with them.

The so-called "Bowie Bloc" was against even a reasonable appropriation for all health work, and that influence all but wrecked the program of the Appropriations Committee on the floor of the House. Our work was done quietly and by personal contact. We had no chance, then, to appear before any committee—but our work had much to do with the defeat of the reduction advocated by the "Bowie Bloc."

The Appropriations Committee named \$225,000.00 annually for the health work. The Bowie plan reduced it to \$163,000.00, and that passed the House on at least one reading, but before it finally passed its third reading, it had been "stepped up" to \$211,000.00. The dentists of the State certainly had a part in that work. The Senate raised the appropriation to its original \$225,000.00 and the difference was split in the conference committee and the final sum is \$218,000.00

annually for all activities of the State Board of Health. This materially cripples all health work but does not eliminate any department.

Following that Mr. Bowie wrote us a courteous letter suggesting that we allow his man Sharpe a limited license to practice in Ashe County and promised us if we would do that that he would not introduce the bill to license him, which bill has become "an old Spanish custom" with him. It has been introduced every two years "since the memory of man runneth not to the contrary." However, we wrote Mr. Bowie that we would fight him again, preferring a losing fight to any sort of a compromise. Rather than risk the usual fight, with its usual ridicule heaped upon him by the press of the State, the bill was not introduced in the House, but one Saturday, when most Senators were at home for the week-end, Senator McNeill of Ashe County introduced a similar bill by request, asking for immediate consideration and it had passed the Senate before we even knew it. However, it was, by motion, recalled from the House and withdrawn altogether.

The only other legislation was fostered by the Charlotte Dental Society and the Charlotte dentists and their representatives in the two houses of the Legislature were largely responsible for its passage. It is just a clause added and reads: "Or shall by himself or another solicit professional business"—and is added to that section of our present law which recounts the reasons why a man's license may be revoked. Of course, it is aimed at stopping the blatant advertising now going on in the larger cities of the State. It is the same clause which governs soliciting legal cases and has been invoked by the legal profession to the end that a few legal licenses have already been revoked. The thanks of the Society is due the Charlotte men for their coöperation—they came in a body to see it through.

The nature of the work this year has been such that quite a number of dentists have had to be called to Raleigh on short notice, dentists who had the ear of their respective members of the different committees, and they have come gladly and frequently. Of course, we had every coöperation from all members of the Legislative Committee—I have never worked with a more willing set of men. Of others who have helped, not members of the committee, it is hard to single out individuals, dozens came when phoned to, but probably the man who came farthest, came oftenest, stayed longest and did more personal work than any of us, is Dr. L. H. Butler of Hertford. It is only fair thus to recognize his help. The expense account for this work, \$66.15, has gone through the prescribed channels and has been paid by the Secretary-Treasurer.

Respectfully submitted,

J. MARTIN FLEMING,  
Of the Legislative Committee.

*Dr. J. N. Johnson, Goldsboro:*

I move that the report be accepted and a vote of thanks accorded the Legislative Committee.

The motion was seconded and carried.

*Dr. C. C. Bennett, Asheville:*

I would like to ask if that expense included payment to the Charlotte boys for the money they spent in connection with their bill?

*Dr. J. Martin Fleming:*

That expense has nothing to do with individuals other than the expense connected with the committee. If we started to pay the expenses of every man who came to Raleigh, I imagine the expense account would run up to several hundred dollars.

*Dr. C. C. Bennett:*

I am not referring to that, but as I understand it, they employed some attorneys to draw this bill. They paid them personally out of their own pockets. The State of North Carolina is getting the benefits of their work just the same as Charlotte and I do not think it is Charlotte's duty to pay the bill. I think our treasury should pay it.

*President Jackson:*

Do you make a motion to reimburse the Charlotte members for this money they spent?

*Dr. C. C. Bennett:*

I make a motion to reimburse the Charlotte dentists for every penny they spent.

*Dr. J. Martin Fleming:*

What is the amount of that bill, so that we can consider it?

*Dr. J. N. Johnson:*

I amend by making a motion that we have the bill presented, and further move that Dr. Bennett's motion lay over until the next meeting so we can consider the proposition in a business-like manner. I myself have spent not only a number of days, several days, with the Legislature, but also spent considerable of my own money not only in this Legislature, but also in preceding Legislatures and I would not like to burden the organization with that expense. This was a bill in which the Charlotte dentists were directly interested, and the expense was contracted without the consent of the Society or the Legis-

lative Committee, and I move that Dr. Bennett's motion lay over until this bill is made up and presented so that we can consider it in the proper light.

*Dr. J. Martin Fleming:*

I second the amendment.

*Dr. Z. L. Edwards, Washington:*

I would like to ask if this request comes from any of the Charlotte delegation?

*Dr. C. C. Bennett:*

Since I made that motion, I would like to explain that it did not come from Charlotte or from any Second District man. It came from me, personally, because I heard that they had a certain amount of expense. I would like to say further, in support of my motion, that this law is just as good for Asheville and the First District as it is for Charlotte and the Second District, and I think it is nothing but just that the North Carolina Dental Association should spend the money along lines like that. I can't see how we can justify existence with money in any better way. I insist upon my motion being carried out. If any of the boys in Charlotte spent money for the good of dentistry in the whole State, I think we should reimburse them.

*Dr. F. O. Alford, Charlotte:*

I am from Charlotte. We had quite a bit of expense with this affair. It cost us two hundred and forty-seven dollars. I am not sure about that amount, but it was two hundred and forty-something. We are not asking the North Carolina Dental Society to pay that. We did it on our own hook. If the State Society wants to pay it, that is all right. The Charlotte Dental Society paid the bill, and we are not asking reimbursement.

*President Jackson:*

Is there any further discussion of the motion or amendment? (Pause.) The amendment to Dr. Bennett's motion was that Dr. Bennett's motion be tabled until the next meeting, at which time the bill will be filed and it will be taken up and passed on at that time.

Those members favoring the amendment let it be known by standing. The Secretary will count.

*Secretary D. L. Pridgen:*

Twenty-five.

*President Jackson:*

Those against the amendment will stand. I declare that the amendment has prevailed. Dr. Bennett's motion is tabled until the next meeting of the House of Delegates, at which time the bill will be filed and taken up in the proper course of procedure.

*Dr. C. C. Bennett:*

I beg your pardon. I thought you meant to table my motion for a year, until the next meeting. The amendment is thoroughly satisfactory to me.

*President Jackson:*

As I understand Dr. Bennett's motion, the Charlotte Dental Society paid a bill which was rightfully one of the North Carolina Dental Society. It was not to pay for trips to Raleigh, but to reimburse them, as I understand it, for money actually spent in getting together this legislation which assisted the Legislative Committee. Was that right, Dr. Bennett?

*Dr. C. C. Bennett:*

Yes, sir. That is correct.

*President Jackson:*

Is there any further business to come before the House of Delegates?

*Dr. J. Martin Fleming:*

I have one more committee report in my system. It is the report of the Committee on Relations of Physicians and Dentists.

#### REPORT OF COMMITTEE ON RELATIONS OF PHYSICIANS AND DENTISTS

Your committee has functioned to the very best of its ability. We were fortunate in having two Sampson County men at the head of each organization, Dr. John B. Wright of the Physicians and Dr. Wilbert Jackson of the Dentists. We met together in Dr. Wright's office and decided that Drs. Wm. deB. MacNider and I. M. Manning were best qualified to speak before the Dental Society and Dr. Fred

Hale and Dr. O. L. Presnell were asked to present papers before the Medical Society. It was my pleasure to hear the dental papers before the physicians and you may rest assured their papers were well prepared and well received. The medical papers are yet to be presented at this meeting but they will measure up to a high standard—we know the men.

Possibly the only criticism is that too few men attend these sessions where these papers are read. Our initial aim was that we might have a real joint meeting of the professions at such times. Looking to that end we had about fifty men at Pinehurst at our first meeting, but the number has grown smaller each year with us, while the physicians have never come in any great numbers to hear their chosen representatives present their subjects to us. Possibly that has had its effect on our attendance with them. But we feel that the work should be encouraged and promoted because it will eventually lead to a closer coöperation and a finer understanding among us as professional men.

Respectfully submitted,

J. MARTIN FLEMING, *Chairman.*

*President Jackson:*

You have heard the report, what will you do with it?

*Dr. P. E. Horton, Winston-Salem:*

I move that the report be adopted.

*Dr. H. L. Keith, Wilmington:*

I second the motion.

The motion was carried that the report be adopted.

*Dr. N. Sheffield, Greensboro:*

I have here the report of the Virginia-Carolina Clinic Committee.

Your committee wishes to report that our State Society was well represented at the Richmond meeting of the Virginia State Association, with the following clinicians: Dr. L. G. Coble, Greensboro; Dr. W. F. Clayton, High Point; Dr. F. O. Alford, Charlotte; Dr. H. Royster Chamblee, Raleigh; and Dr. L. M. Daniels, Southern Pines.

The Virginia Dental Association is ably represented at our fifty-ninth meeting by Dr. Carter Crafford, Norfolk, Va.; Dr. G. W. Holliday, Richmond, Va.; and Dr. J. E. John, Roanoke, Va.

The committee feels that this interchange of clinicians is highly commendable and helps to bring the members of our profession in the two states closer. Our clinicians were very much pleased with the reception accorded them by the Virginia Association.

This committee heartily endorses this interchange of clinicians, and would recommend that this practice be continued.

(Signed)

NEAL SHEFFIELD,  
E. N. LAWRENCE,  
HORACE K. THOMPSON,  
HARRY KEEL,  
C. I. MILLER,  
L. R. THOMPSON,  
J. E. THOMAS.

*President Jackson:*

You have heard the report. What will you do with it?

*Dr. J. E. L. Thomas, Tarboro:*

I move that it be received.

*Dr. S. L. Bobbitt, Raleigh:*

I second the motion.

The motion carried.

*President Jackson:*

I declare the report accepted. Are there other committees ready to report? That was the report of the Virginia-Carolina Clinic Committee.

*Secretary D. L. Pridgen:*

Mr. President and members of the Society: I have here the report of the Exhibit Committee:

#### REPORT OF EXHIBIT COMMITTEE

The Exhibit Committee begs leave to submit the following report:

After much correspondence and many disappointments, your committee succeeded in selling exhibit space to eleven exhibitors.

|                        |          |
|------------------------|----------|
| Amount collected ..... | \$184.25 |
| Amount due .....       | 72.00    |

We wish to commend the exhibitors for their splendid displays, and to express our appreciation especially to Dr. H. O. Lineberger for his interview in our behalf with the Secretary of the American Dental Trade Association in Washington, D. C., and likewise, to Mr. Rowe of the Thompson Dental Company, for his numerous letters to the manufacturers.

D. L. PRIDGEN, *Chairman.*  
W. T. MARTIN, *Vice-Chairman.*  
R. H. HOLLIDAY,  
A. S. CROMARTIE,  
A. C. CURRANT.

*President Jackson:*

You have heard the report of Dr. Pridgen, Chairman of the Exhibit Committee. What will you do with it?

*Dr. J. N. Johnson, Goldsboro:*

I move that it be accepted.

*Dr. J. E. L. Thomas, Tarboro:*

I second the motion.

The motion carried, and the report was accepted.

*Secretary D. L. Pridgen:*

I have here the report of the Program and Clinic Committee.

#### REPORT OF PROGRAM AND CLINIC COMMITTEE

Your Program and Clinic Committee held a joint meeting with the Executive Committee at Raleigh, October 1st, for the discussion of program material and policies to be observed in the arrangement of our fifty-ninth annual program; and meetings were also held later at Burlington and Durham.

Complying with the wishes expressed in previous meetings of the Society and by various individual members, a more prominent place has been accorded the report of the Resolutions Committee; and likewise, to the local clinicians, whose clinics have been arranged progressively, thus giving to them the audience deserved.

We feel that we have been fortunate in bringing to you visitors of outstanding merit and qualifications, and to them we wish to express our appreciation.

We trust that our efforts have met with your approval, and that you have found the program interesting and instructive.

For the benefit of the next Program Committee we suggest that you use the questionnaire which will be found on page 31 of your BULLETIN.

D. L. PRIDGEN, *Chairman.*

H. O. LINEBERGER, *Vice-Chairman.*

RALPH F. JARRETT,

C. C. BENNETT,

C. C. POINDEXTER,

M. T. McMILLAN.

*President Jackson:*

You have heard the report. What will you do with it?

*Dr. H. L. Keith, Wilmington:*

I move that we accept the report, and that the Committee be congratulated.

*Dr. N. Sheffield, Greensboro:*

I second the motion.

The motion carried and the report was adopted.

*Secretary D. L. Pridgen:*

I have here the Financial Report, if you will hear it at this time.

*President Jackson:*

Proceed.

*Secretary D. L. Pridgen:*

(Editor's Note: The audit of the Certified Public Accountant is substituted for the report read by the Secretary-Treasurer, as it includes his report as read, and in addition receipts and disbursements up to July 20, 1933.)

Rocky Mount, N. C., August 1st, 1933.

DR. Z. L. EDWARDS, *Chairman Executive Committee*,  
North Carolina Dental Society,  
Washington, North Carolina.

Dear Sir:

In accordance with your instructions, we have audited the recorded transactions of D. L. Pridgen, D.D.S., Fayetteville, North Carolina, Secretary and Treasurer of the North Carolina Dental Society, for the period from June 28, 1932, to July 20, 1933, and as a result thereof, we submit herewith our report, consisting of the following described statements:

Exhibit A—Statement of Receipts and Disbursements—  
for the period from June 28, 1932, to July 20, 1933.

Schedule 1—Reconciliation of Account with the Branch  
Banking and Trust Company, Fayetteville, North Carolina—  
July 20, 1933.

All receipts of record appear to have been properly accounted for, and all disbursements supported by canceled checks.

All district secretaries coöperated in confirmation of their collections except the First District Secretary. The four district secretaries are to be commended for their prompt coöperation.

Invoices and miscellaneous expense bills should be submitted with other records for auditor's examination.

The records of the Secretary-Treasurer were neatly and accurately kept.

Respectfully submitted,

GREATHOUSE AND BUTLER,  
By F. L. GREATHOUSE,  
*Certified Public Accountant.*

EXHIBIT A  
STATEMENT OF RECEIPTS AND DISBURSEMENTS  
FOR THE PERIOD FROM JUNE 28, 1932, TO JULY 20, 1933

RECEIPTS

|                                              | <i>Dues</i>   |                        |
|----------------------------------------------|---------------|------------------------|
|                                              | <i>Annual</i> | <i>Life</i>            |
| <i>District Receipts:</i>                    |               |                        |
| First District .....                         | \$ 600.00     | \$ 4.00      \$ 604.00 |
| Second District .....                        | 950.00        | 40.00      990.00      |
| Third District .....                         | 900.00        | 40.00      940.00      |
| Fourth District .....                        | 660.00        | 36.00      696.00      |
| Fifth District .....                         | 670.00        | 40.00      710.00      |
|                                              | <hr/>         | <hr/>                  |
|                                              | \$3,780.00    | \$ 160.00              |
|                                              | <hr/>         | <hr/>                  |
| Total District Receipts .....                |               | \$3,940.00             |
| <i>Miscellaneous Receipts:</i>               |               |                        |
| Rebate 1932 President Medal .....            | \$ 5.50       |                        |
| Exhibit 1932 .....                           | 60.00         |                        |
| Exhibit 1933 Meeting, Chapel Hill, N. C..... | 258.75        |                        |
| Sale of Banquet Tickets .....                | 303.50        |                        |
| Interest on Savings Account .....            | 15.00         |                        |
|                                              | <hr/>         |                        |
| Total Miscellaneous Receipts .....           |               | 642.75                 |
|                                              |               | <hr/>                  |
| Total Receipts .....                         |               | \$4,582.75             |
| Balance June 28, 1932.....                   |               | 1,529.64               |
|                                              |               | <hr/>                  |
| Total Receipts and Balance .....             |               | \$6,112.39             |

DISBURSEMENTS

*American Dental Association:*

Proportionate Part of Dues from Members:

|                    |            |            |
|--------------------|------------|------------|
| Annual Dues .....  | \$1,192.00 |            |
| Life Members ..... | 156.00     | \$1,348.00 |

*Expense:*

|                                         |           |
|-----------------------------------------|-----------|
| Salary—Secretary-Treasurer .....        | \$ 150.00 |
| Salary—Editor-Publisher .....           | 150.00    |
| Salaries—District Secretaries .....     | 125.00    |
| Telephone and Telegraph .....           | 23.95     |
| Printing 1932 Proceedings .....         | 533.80    |
| North Carolina Dental Relief Fund ..... | 200.00    |
| Clinicians' Honoraria and Expense ..... | 468.61    |
| Banquet and Entertainment Expense.....  | 296.15    |
| Postage .....                           | 43.95     |
| Legislative Committee .....             | 66.15     |
| Stationery, Printing and Supplies ..... | 97.90     |
| Floral Designs—Deceased Members .....   | 30.00     |
| Secretarial Work—Chapel Hill .....      | 25.00     |

|                                             |          |            |
|---------------------------------------------|----------|------------|
| Labor, Drayage, etc., Chapel Hill .....     | \$ 28.60 |            |
| Express .....                               | 2.70     |            |
| Multigraphing .....                         | 4.90     |            |
| Premium—Bond of Secretary-Treasurer .....   | 7.50     |            |
| President's Medals—Two .....                | 25.00    |            |
| Floor Plans—Exhibit Space .....             | 3.00     |            |
| Convention Badges .....                     | 15.08    |            |
| Labels to Advertise Annual Convention ..... | 5.78     |            |
| Refund of Advance Payment Dues of           |          |            |
| Deceased Members .....                      | 4.00     |            |
| Refund—Ehibitors' Deposit .....             | 2.50     |            |
| Audit .....                                 | 20.00    |            |
| Binding Correspondence of Former            |          |            |
| Secretary-Treasurer .....                   | 24.00    |            |
| Check Tax—June, 1932 .....                  | .24      |            |
| Service Charge and Tax on Checks .....      | 2.26     |            |
|                                             |          | <hr/>      |
| Total Expense .....                         |          | \$2,356.07 |
|                                             |          | <hr/>      |
| Total Disbursements .....                   |          | \$3,704.07 |

*Balance—July 20, 1933:*

On Deposit:

|                                      |           |            |
|--------------------------------------|-----------|------------|
| Branch Banking and Trust Company—    |           |            |
| Checking Account .....               | \$ 893.32 |            |
| Branch Banking and Trust Company—    |           |            |
| Savings Account .....                | 1,515.00  |            |
|                                      |           | <hr/>      |
| Total Balance .....                  |           | \$2,408.32 |
|                                      |           | <hr/>      |
| Total Disbursements and Balance..... |           | \$6,112.39 |

#### SCHEDULE 1

#### RECONCILIATION OF ACCOUNT WITH BRANCH BANKING AND TRUST COMPANY, FAYETTEVILLE, NORTH CAROLINA, JULY 20, 1933

Balance as per Bank Statement—June 27, 1933.....\$1,325.09

*Deposits During July as Follows:*

|               |          |            |
|---------------|----------|------------|
| July 1 .....  | \$ 30.00 |            |
| July 8 .....  | 25.25    |            |
| July 10 ..... | 41.00    |            |
| July 14 ..... | 14.00    | 110.25     |
|               |          | <hr/>      |
|               |          | \$1,435.34 |

*Less—Outstanding Checks:*

|                      |         |
|----------------------|---------|
| June 14—No. 81 ..... | \$ 4.00 |
| June 21—No. 90 ..... | 416.00  |
| June 23—No. 91 ..... | 25.02   |
| June 24—No. 92 ..... | 80.00   |
| July 8—No. 93 .....  | 4.00    |
| July 10—No. 94 ..... | 6.00    |

|                                             |    |          |            |
|---------------------------------------------|----|----------|------------|
| July 16—No. 95 .....                        | \$ | 4.00     |            |
| July 20—No. 96 .....                        |    | 1.00     |            |
| July 20—No. 97 .....                        |    | 2.00     | \$ 542.02  |
| <hr/>                                       |    |          |            |
| Balance—July 20, 1933—Checking Account..... | \$ | 893.32   |            |
| Balance—Savings Account—July 20, 1933.....  |    | 1,515.00 |            |
| <hr/>                                       |    |          |            |
| Total Balance—July 20, 1933.....            |    |          | \$2,408.32 |

I would like to explain this discrepancy in the figures of the report I have just read and the figures in the report of the Exhibit Committee. The difference is \$24.00, and that is the \$24.00 I have collected since I came down here.

I would like to say that we bought two President's medals at this time due to the fact that they were two for twenty-five dollars, whereas we have been paying eighteen dollars each previously.

*President Jackson:*

You have heard the report of the Secretary-Treasurer. What will you do with it?

*Dr. J. H. Hurdle, Mebane:*

I move the report be accepted.

*Dr. C. C. Bennett, Asheville:*

I second the motion.

*Dr. P. E. Jones, Farmville:*

I would like to amend the motion by adding the words "and complimented."

*President Jackson:*

The amendment is accepted without a vote. We will place the words "and complimented" at the end of Dr. Hurdle's motion.

The motion was unanimously carried.

*Dr. P. E. Horton, Winston-Salem:*

I believe you said that you have a general session at nine o'clock.

*President Jackson:*

We are going to start right away, without objection.

*Dr. P. E. Horton:*

I have a matter to bring up at the next meeting, but we will go into the general session now, and I will bring that up later.

*President Jackson:*

I don't want to shut anybody off.

*Dr. P. E. Horton:*

Not at all. I can bring this up later just as well.

*President Jackson:*

The next meeting of the House of Delegates is tomorrow at twelve o'clock. We stand adjourned.

At 9:00 o'clock p.m., the House of Delegates adjourned.

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## FIRST DAY—TUESDAY, JUNE 6, 1933

### EVENING SESSION

The meeting was called to order at 9:00 p.m., by President Wilbert Jackson.

*President Jackson:*

The Convention will come to order. At this time I am pleased to recognize Dr. John Wheeler, who will present our next guest speaker.

*Dr. John H. Wheeler, Greensboro:*

Mr. President, the North Carolina Dental Society always finds it a great pleasure and privilege, and especially great benefit, in its annual meetings to bring some men who are outstanding in some particular line of work in our chosen profession to speak to us along their specialty. I think that is the way we learn best. There is no teaching, I think, equal to that of visual teaching. I have found it a great personal pleasure to listen to these men during the years that they have been coming to us and to see how much more some one man could know about some one thing than any of us could know about so many things. And yet, those of us who must know quite a little bit about a great many things will find our learn-

ing and knowledge improved by listening to that man who knows so much about some particular thing. There is no reflection on him because he knows more about a lot of things than we know. (Laughter.) I am a specialist myself. I assure you it is a pleasure to introduce to this audience the man who has recognized the value of restoration of natural organs that have been lost.

May I take time here to say this word: I am sure Dr. Sheffield will agree with it. I look upon mastication as a function of the human body. I think it is a function that deserves to be classed with some of the automatic functions. Mastication is not an automatic function, not in its strict sense. Of course, you can masticate without thinking about it. We can inhibit that function at will. I do think mastication is a function of the body, just as much so as the kidneys, heart, or lungs, and such as that. In this period of years that are just immediately behind us, how many I do not know, probably twelve or fifteen or maybe a little bit more, we have been forced to relieve our patients of these organs of mastication to quite a considerable extent, much more than most of us would have liked. The health of the individual demanded it.

We have with us tonight a man who has specialized in this restorative work. Having read his articles and knowing of him personally as I do, I am perfectly safe in telling you that you have a treat in store for you. It is now my pleasure to introduce to you Dr. L. Langdon Sheffield, a graduate of Northwestern University, and a man who has specialized in this particular field for about thirteen years. Dr. Sheffield, we are delighted to have you. (Applause.)

*Dr. L. Langdon Sheffield, D.D.S., Toledo, Ohio:*

Mr. President, members of the North Carolina Dental Society, ladies and gentlemen: After an introduction such as Dr. Wheeler has given me, I think I have something to live up to. I thank you, Dr. Wheeler, for your kind words.

## IMMEDIATE DENTURE SERVICE USING TREATMENT PLATES

BY L. L. SHEFFIELD, D.D.S., Toledo, Ohio

### SYNOPSIS

Impression taking and making treatment plates before extracting. Restoring facial dimensions and contour. Anticipated surgery of the mouth applied to the cast in laboratory. Tooth arrangement to maintain or restore natural appearance. Making duplicate edentulous

cast for the exodontist. Outline of service rendered to the patient during first two weeks after insertion. Prognosis.

In appearing before you today and in the clinic to follow, I wish to describe and exhibit a service and technic to you that has been of mutual benefit to my patients and myself; showing you that there may be quite as much inspiration and initiative in the making of artificial dentures as in any other of the restorative phases of our branch of the healing arts.

It is very desirable to be able to send patients from your office immediately after extraction, fitted with presentable substitutes for the natural organs. You thereby relieve your patient the humiliation and embarrassment of appearing in the family and among friends edentulous, with the comforting assurance that the treatment plates will stay in position, to say nothing of the resulting benefits to the practitioner in reputation and well earned increase in fees.

While I may claim to be reasonably familiar with all the various systems and methods offered to the profession, that which I shall attempt to give you is not any one of them, but is the natural result of selection from and modification of all of them to suit the needs of an every-day practice.

At the present time there is a demand for immediate denture service. Just why this demand should come at this time is more than I can make out unless it is that some one gave a paper or a clinic on the subject and started the old ball rolling. Immediate denture service is nothing new. When I first entered a dental office to serve my apprenticeship in 1895, my preceptor was giving immediate denture service to people who were before the public, and who felt as though they could not be detained from business while the gums were healing. That was before the days of oral surgery as practiced at the present time. My preceptor was content to pinch off protruding interdental alveolar processes with a forcep, and let it go at that. I have recently seen clinics at which there were casts and dentures shown that looked for all the world like those that he made thirty-eight years ago. Since that time, there have been many improvements in oral surgery so that mouths prepared by the exodontist today are ready immediately to receive dentures (or treatment plates, as I shall call them). The following is the procedure as practiced by the essayist.

After the preliminary talk to the patient, outlining the service in detail, the cost, and how and when to be paid, the patient's head is measured with the Waverin Trutype tooth guide, and the classification of the tooth (whether square, tapering, or ovoid) is determined.

Measure the width and length of the natural centrals with calipers, and record in millimeters, making due allowance for mechanical abrasion. Use the Trubyte mould book under the patient's typal form, and make the tooth selection. If the patient is a lady, show her, by selecting smaller laterals, that her feminine characteristics may be brought out.

Then make the shade selection by referring to the book "Color in Teeth." Here you may pick out the blond or brunett, as the patient may be. From that refer to the underscored shade suggestion. Then

with a tooth from the shade guide, make the shade selection, and record. Let your patient help. She will be vitally interested. The psychology of the whole thing upon the patient is good. Her case is receiving special attention.

Before the extraction is done, a sectional impression is taken with Dresch Impression Material, and a cast made of some hard material, preferably Castone.

In the taking of the impression, use an S. S. White brittania metal tray of the angle pattern, which has had the labial and buccal sides cut away, leaving only the palatal and occlusal portions. First take the impression of the roof of the mouth, lingual, occlusal, and incisal surfaces of the teeth, chill with ice-water, and remove from the mouth. Trim off all compound that extends buccally and labially beyond the buccal and labial surfaces of the teeth. At this time, with a tracing stick, trace more compound on the impression, completely covering the palatal surface, extending far enough back to include the tuberosity and hamular notch, and filling level full the imprints made by the teeth. Reheat this entire surface with the mouth blow pipe, paying particular attention to get the surfaces to be occupied by the teeth deeply heated, because this insertion is to get an accurate impression of the soft tissues. In this insertion, the force applied to the impression tray in the roof of the mouth is directly upward toward the bridge of the nose. Chill the palatal surface first, then the surface over the occlusal surfaces of the teeth. Before the impression is entirely chilled, loosen it slightly (but do not rock it), press back into place, and thoroughly chill before removing from the mouth. This loosening is to relieve the compound that penetrates the interstices between the teeth. Otherwise tender teeth are unnecessarily hurt. The slight distortion is in between and at the necks of the teeth. These areas are obliterated anyway at the time of extraction and trimming.

Remove the impression, and trim off all compound that extends buccally and labially beyond the buccal and labial surfaces of the teeth. Cut notches in the labial and buccal borders of the compound, cover with white mineral oil, and insert in the mouth. With another piece of soft warm compound, take the impression of the buccal surface, to and including the cuspid tooth. Take the impression of the opposite buccal surface in the same manner, and thoroughly chill with ice-water. Then with another piece of soft warm compound, take the impression of the labial surface of the teeth and gums, allowing for an overlap at the cuspids; at this time, mark the median line because the space between the centrals is not always in the median line. The overlapping at the cuspids will assist, together with the notches previously mentioned, in assembling the pieces.

At this time, put the finishing touches to the distal border of the upper impression. It is done in the following manner: With an indelible pencil, mark around distally of the tuberosities and mesially of the hamular process in the depth of the hamular notch in an uneven curve to the posterior palatine depressions, then continuing across the median line to the same areas on the opposite side of the mouth. Insert the palatal portion of the impression to

get a transfer of the marking in the mouth on the impression. Then postdam well with finger adaptation.

Over the area distal to the tuberosity, and the line locating the hamular notch, and extending about two-thirds of the way from the tuberosity to the median line, lay on a piece of half-round, nine-gauge soft black wax, securely attaching it to the impression with a hot spatula. While this wax is slightly warm, reinsert the impression in the mouth, and press firmly into place. If this causes pain, it will usually be because the wax encroaches upon the hamular process. To remedy, push the soft wax slightly forward with the thumb, and insert again until there is no distress to the patient. You will then have an imprint of the distal portion of the tuberosity in the wax. *DO NOT* compress the gum tissue covering the distal portion of the tuberosity, for it will distress the patient later. The soft tissue spanning the hamular notch may be depressed with the wax a distance of a millimeter or more without causing distress. The remaining hard area across the distal border of the impression at the median line should be covered by a piece of number 28 gauge casting wax about 5 millimeters wide joining the wax that was used in the hamular notch. This is to compensate for the shrinkage of the vulcanite causing a lack of adaptation in that area. This treatment of the distal border of the impression is painstaking and exacting, but this is totally eclipsed by the satisfactory results obtained for the patient and reputation for the operator.

Now reassemble the parts of the impression and sear together by means of a hot spatula. Then they can be poured up with Castone the same as any other impression. Label the cast with the patient's number. From this cast, make a duplicate cast of Castone, number it, and set away for future use. This cast is a very valuable guide in the arrangement of the artificial teeth on the treatment plate under construction.

By using a bolo gauge, the distance from cuspid to cuspid may be obtained and used to advantage in placing the teeth in the new denture. The cast will give their positions in the arc of the circle.

From the cast, information may be obtained concerning the general inclination of the long axes of the teeth as regards the median line, whether the teeth are mesially or distally inclined from a line drawn perpendicular to the occlusal plane. The same information, regarding any of the other teeth that remained when the primary impression was taken, likewise may be obtained and used in placing the teeth in the new denture. At least it gives a general idea regarding the original position and posing of the teeth.

Occasionally, too, a patient (or relative) will say of the finished denture, "These teeth don't have so pleasing an appearance as my own"; and right then is the time when you can shake hands with yourself if you have a cast made from a primary impression that you can show her, for your patient positively forgets how her own teeth looked, and has a very exaggerated imagination regarding them.

(Remove some of the hindrances of impression taking by filling spaces between converging teeth with compound.)

The lower impression is taken in a britannia metal tray of the S. S. White variety of the angle pattern which has the buccal and labial sides cut away. Place enough Dresch impression material in the tray (stick it on loosely) to take the lingual, occlusal, and incisal surfaces of the gums and teeth on one side of the mouth extending across the median line to the cuspid on the opposite side. In the molar region of the opposite side, place a small piece of compound on the tray for an occlusal rest to keep the bare tray from resting on the teeth; this will also provide room for the needed compound later on. Insert the tray (when the compound is warm) partly to place, just to get an equalization of the compound; remove and chill enough to make the compound stiff. This hard, cold compound is the impression tray.

With a mouth blow pipe, warm the surface of the compound that approximates the teeth and gums, and also the occlusal rest on the opposite side of the tray; temper in water at 130 degrees, insert in the mouth, and press firmly into place, then chill with ice water. Now remove from the mouth, trim off all compound that extends buccally and labially beyond the occlusal and incisive edges of the teeth, chill the compound, and remove from the tray. Cut notches in the linguo-occlusal surfaces, cover with Squibb's mineral oil, and replace in the mouth. In the same empty tray, place sufficient compound to take the linguo-occlusal and incisive surfaces of the remaining teeth including the section of impression previously taken. Chill well with cold water. Loosen the impression on the side that was taken first by slipping a thin spatula between the compound of the first and second sections. When the second section has been removed, trim off all of the impression material buccally and labially beyond the occlusal and incisive edges of the teeth. Cut notches in the edge of the compound, and cover with Squibb's mineral oil.

Replace sections one, and also number two which is on the tray, in the mouth. Take suitably sized pieces of compound, and take the impressions of the buccal surfaces of the teeth extending to the middle of the cuspid teeth. Now chill with water. Remove from the mouth, trim off the known excess, see that the compound is cut smooth at the cuspids, and also that it is of suitable thickness with notched edges. Cover with Squibb's mineral oil. Reinsert the impression including the buccal sections in the mouth.

Now take the remaining labial section from cuspid to cuspid including the under surface of the handle of the tray. Use enough compound (a piece as big as your thumb will do). Press firmly into place, and against the tray handle. Chill thoroughly, and remove from the mouth. The tray handle, and the notches in the portions of the impression previously taken, greatly assist in assembling. Now sear together with a hot spatula, and pour in the Castone. In addition, make a duplicate cast, label it with the patient's number, and set away for future use.

At this time, determine how much it is advisable to open the bite in addition to that existing at the present time. Most mouths are sadly closed up, and need the space between the nose and the chin lengthened from two to six millimeters. Sixteen millimeters is normal in recent extraction cases, from the crest of the upper ridge at the median line, to the crest of the lower at the median line.

This closure is due usually to the loss of posterior teeth, either upper or lower or both. The upper anterior teeth are usually one or more millimeters forward of their original positions. This condition is many times accompanied by excessive over-bite and over-jet. At this time take the central occlusion, allowing for the additional vertical distance, and mount the upper and lower cast in the proper relation on the frame, using a face bow. See that the set nut holding the incisal guide pin of the articulator is sufficiently tightened to maintain the desired distance until the treatment plates are finished.

With the above data and a picture of the patient taken at some previous time when all teeth were present, we are ready to set up the teeth. In arranging the teeth, care should be used in their posing, using as much of the irregularities found in the natural dentures as deemed advisable, such as: forward or backward inclination, deviation toward or from the median line, prominence of cuspids, the arc of a circle made by the natural teeth, the distance from cuspid to cuspid, or general relation of the incisal edges of the centrals to the laterals and cuspids. In addition to this, all teeth may be placed the desired distance distally. The patient will appreciate your efforts if the general posing is in keeping with his natural teeth.

Before setting up the teeth, all surfaces of the casts, except where the teeth are, should be fitted with base plate wax. This having been done, one tooth at a time (beginning with a central), is cut off; the cast surface so exposed, is covered with a small piece of thin tinfoil, and the artificial tooth mounted in its stead (or as near as your decided change will permit). Then wax it in position to the wax base plate. The tinfoil keeps the newly added wax from sticking to the cast.

After the set-up is completed, the wax treatment plate can be removed, and the surgery of the plaster cast completed by removing the uneven places representing the inter-dental bone spicula after the plaster teeth were cut off, and in addition, about two millimeters of tissue at the labial and buccal gingival border. Make a duplicate of this edentulous cast, and send it to the exodontist so he can give intelligent coöperation when extracting and preparing the mouth. The impression for duplicate casts may be taken after the wax is boiled out of the flask just prior to packing.

The technic is as follows: Cool the flask enough so that the compound will not stick to the cast. Place a roll of warm compound around the labial and buccal sides of the cast, pressing it firmly into place, and allowing the compound to extend to the crest of the ridge. Chill thoroughly. Cover the compound with mineral oil. Cover the remaining portions of the cast with another piece of soft, warm compound. Press *it* firmly into place. Chill this piece completely. Give this newly added compound a dressing of mineral oil. Now cover the previously placed compound with a saucer shaped piece of compound, and press this firmly into place. After completely chilling the entire mass of compound, remove one piece at a time, and assemble. Sear the edges of overlapping compound together with a hot spatula, and pour with plaster.

Use plenty of care in posing the teeth on the treatment plates because you will be called upon to duplicate them in the dentures which will take their places. In treatment plates for the taper and square types, I put on only six anterior teeth; for the ovoid type, it is necessary to put on eight teeth. This is due to the display of teeth the ovoid type makes when smiling. The place, occupied by the bicuspid and molar teeth, is made of vulcanite built to the length, height, and width of the posterior teeth. The smooth vulcanite places representing the occlusal surfaces of the teeth answer all purposes of teeth for the time being.

The treatment plates are now completed, and the patient is ready to have the teeth removed. Send the duplicate casts of the edentulous case to the exodontist, and instruct him to extract the teeth, and smooth the gums. (That sounds better to the patient than any thing you may say about surgery of the mouth.) Smoothing the gums consists of in addition to extracting: the lifting of the periosteum; the removing of the inter-dental spicula of process and about two millimeters of the alveolar process at the labial, buccal, and gingival border; the smoothing of any undue prominences of the process (such as protruding tuberosities that would interfere with the seating of the treatment plate). The same surgical treatment is given to the mandible. After the teeth are all set up, the wax plate may be removed from the cast, and the exodontist's surgery to the area may be applied to the cast with a knife. Then make a duplicate of the mandibular cast to send to the exodontist, afterwards replacing the wax denture, and finishing the case.

As soon as the bleeding has stopped, insert the treatment plates. If there is a discrepancy between your surgical treatment of the cast in the laboratory and that actually performed by the exodontist, you may trace compound in the treatment plate to fill in the discrepancy. This compound may be worn for weeks if necessary. Tell the patient that the treatment plates act as a bandage to cover up the tender gums, exclude the air, and lessen the pain, and are not to be removed for any cause until he or she visits the office next day when you will remove them. When the patient arrives the next day, these treatment plates are then removed, placed immediately in a solution of sodium perborate, and allowed to remain for a few minutes (5 minutes). By this time, all mucous and sticky substances have been loosened from the plates, and are floating on the surface of the solution. The solution with the foreign material may be then poured off, the plates rinsed, scrubbed with soap and cool water, and placed again in a fresh solution of sodium perborate. In the meantime, the patient is given a glass of the same luke-warm solution with which to rinse the mouth. Then swab the gums with cotton in order to remove the scarf skin and debris. Now is the time to look for peripheral soreness, and trim and polish the plates if necessary. Reinsert the treatment plates, and dismiss the patient with instructions to wear continuously until the next day, when you will care for the mouth again as before. After the third day, the patient may be trusted to care for the mouth at home, but see the mouth every third day for at least two more sittings. By that time, all the stitches will have disappeared, and

the gums will have assumed a pink, healthy appearance with the attending tenderness much reduced.

The patient can chew his boiled vegetables (mashed potatoes) and soft foods (bread and milk), and mix them with saliva. This is in itself a great aid to digestion. In three weeks, the patient can do justice to a well cooked stew, and he will tell you all the things that he can do with them.

After the gums have healed so that there is no chance for infection, give this additional instruction to the patient: rub the entire area covered by the dentures with the thumb and fingers until the gums squeak; (this will loosen the accumulated scarf skin); then finish by rinsing the mouth with the patient's favorite mouth wash.

The mouth toilet just described will, in many cases, eliminate the offensive breath that is noticeable in some patients who are otherwise fastidious and immaculate. This bit of information is graciously received by the patient.

In the clinic that follows, there will be shown much of the technic that was given here in my lecture, including a service selling talk and a tide-over service that is of benefit to the dentist as well as the patient, and that is quite in line with the present financial conditions.

#### OUTLINE OF THE CLINIC

1. Service selling talk.
2. Primary impression taking.
3. Immediate denture making.
4. Cast preparation.
5. Duplicate denture construction.
6. Insertion of immediate dentures.
7. Instructions to patient.
8. Care of the mouth.

#### ADVANTAGES OF IMMEDIATE DENTURE SERVICE

The advantages of immediate treatment-plate-insertion are many, because they:

1. Cover up the tender gums.
2. Exclude the air.
3. Lessen the pain.
4. Avoid infection from fingers and food.
5. Enable the dentist to open the mouth (bite) the desired distance immediately. (The patient has no idea how dentures should feel, and consequently, generally accepts anything he is given.)
6. Make a rest for the mandible.
7. Keep the cheeks from sagging and becoming tired.
8. Keep the jaws from closing too closely, thereby preventing the straining of the temporo-mandibular joint.
9. Keep the patient from getting in the habit of going edentulous.
10. Give the wearer personal appearance, and enable him to attend to business without loss of time during the time his regular dentures are being made.

11. Do away with the necessity of learning how to talk plainly when edentulous, and again learning how to talk with dentures.
12. Keep the lips from shrinking. (Without immediate dentures, the upper lip will shrink one-fourth inch in length from the nose to the vermillion border in three weeks. The patient will lose the Cupid's Bow, and the lips will become a straight line and look severe.)
13. Prevent wrinkles.
14. Teach the patient how to wear dentures before getting them.
15. They are, due to mouth conditions, more bulky than the regular plates will be.
16. Do not traumatize the gums due to the fact that the smooth occlusal plates do not interlock like teeth.
17. Awaken the natural mastication movements necessary because the anterior teeth do not contact.
18. Make limited mastication possible.
19. Make the change to dentures from treatment plates most acceptable. (I compare this to the taking off of storm shoes to put on house slippers.)
20. Relax the lips by continued function, making it possible to make the teeth on the new dentures the correct length with a permanency of appearance that would be otherwise impossible.
21. The treatment plates may be kept for use in case of emergency.
22. Obviate the making of temporary dentures, at a small fee, with which the patient is too often satisfied.
23. Make possible another fee for the rebasing which gives a new fit to the dentures. (This fee you are justified in making because it takes the place of a fee for temporary dentures.)
24. Make possible the waiting for, and making of, the regular dentures at full price.

I thank you. (Applause.)

*President Jackson:*

I wish to thank Dr. Sheffield for this splendid presentation. Again let me remind you to have your questions ready for Dr. Sheffield's clinic tomorrow afternoon. Do not forget that Dr. Camalier will talk tomorrow morning at breakfast on the "Dental Education of the Public." I am sure you are all interested in just that. The trip to Chapel Hill would be worth while if you did not get any more than Dr. Camalier's lecture tomorrow morning.

Since the morning general session we have had some friends and guests to arrive from other states and I am pleased to recognize at this time Dr. Harry Bear, of Richmond. (Applause.) Dr. Guy Harrison. (Applause.) Dr. Jennings, of Richmond. (Applause.) Are there other guests? We would be glad for you to stand at this time.

You will pardon me, but I am thinking at this time of some familiar faces that you and I are accustomed to seeing at our meetings, and if they were physically able to get here, we would most probably see them tonight. They are not here. We miss them because they have meant much to North Carolina, meant more to the Society as a whole. When you and I were much younger than we are, we heard their names connected with many of the most recent restorations. They were the pioneers of the profession. They are not with us tonight. It is no fault of theirs. I am referring to Dr. Charlie Alexander of Charlotte and Dr. White of Elizabeth City. Their hearts and souls are with us. They are sick, and not able to be here. Pardon me for bringing it up myself, but I think the Secretary should send them a telegram.

*Dr. F. O. Alford, Charlotte:*

Mr. President, I make a motion that the Secretary send our love and appreciation to Dr. Charles Alexander and to Dr. White of Elizabeth City.

*Dr. Neil Sheffield, Greensboro:*

I would like to include Dr. J. S. Wells, of Reidsville.

*Dr. J. C. Watkins, Winston-Salem:*

We should include Dr. H. K. Foster, of Greensboro.

*Dr. T. E. Sikes, Greensboro:*

I would like to include Dr. H. V. Murray.

*Dr. P. E. Horton, Winston-Salem:*

We should send one to Dr. E. G. Clicke, of Elkin.

*President Jackson:*

We must not forget Dr. Dennis Keel.

The motion was seconded and unanimously carried.

Is there anything further to come before the North Carolina Dental Society at this meeting? (Pause.) If not, I declare the Society adjourned until tomorrow morning, eight o'clock at Swain Hall.

The meeting adjourned at 10:05 p.m., Tuesday, June 6, 1933.

SECOND DAY—WEDNESDAY, JUNE 7, 1933

MORNING SESSION

This being a breakfast meeting, the Convention was called to order by President Wilbert Jackson at 8:35 o'clock, a.m., but a few minutes thereafter adjourned to the regular Convention Hall on account of the acoustics in Swain Hall.

*President Jackson:*

The Convention will come to order.

I made the remark some time ago at a meeting of the Program and Executive Committees that if the President or some officer of the North Carolina Dental Society should ask some one to do something, and he did not do it, I would know right away that he was the wrong man, that he was not a member of the North Carolina Dental Society. I have not been skeptical about this breakfast at all. You always come. I am happy to see you here this morning. It shows a real interest, and I assure you that you will be repaid.

There were some announcements concerning the program for the remainder of the day, and concerning the entertainment of members and guests.

At this time I am pleased to present to you Dr. John McClung, who will introduce our guest speaker.

*Dr. J. A. McClung, Winston-Salem:*

Mr. President, dentists, and friends of the North Carolina Dental Society, I am happy to see so many faces here this morning. It is rather surprising to know you can get up so early. I know that every one has been delighted with the progress of the excellent program we have enjoyed so far. We have had so many outstanding speakers on our program, and today we have still another. This one really needs no introduction, because he is nationally known. He is a Trustee of the American Dental Association, and he is also President of the National Association of Dental Examiners. He comes to us from the National Capital and I am quite sure he has a message of still another "New Deal." It gives me great pleasure to present Dr. C. Willard Camalier, of Washington, D. C. (Applause.)

*Dr. C. Willard Camalier, D.D.S., F.A.C.D., Washington, D. C.:*

President Jackson, Dr. McClung, members of the North Carolina State Dental Association: I appreciate very much indeed being invited to your session this morning. I also appreciate the large turn-out that you have. It seems quite a compliment to a man to have so many people come out early in the morning and I do appreciate it. I am going to talk to you a short while this morning. Dr. Jackson has limited me to thirty minutes. I had planned to talk three hours, but President Jackson wants to close on time, and I will have to restrict myself. (Laughter.) It gives me a special pleasure to be here this morning. While I come from Washington, my name sounds like it might be from the middle of France. My grandmother was born in Elizabeth City and my mother was born there. When we took up the matter of our vacation, my wife and daughters said that they preferred going to Elizabeth City in preference to the World's Fair. (Applause.) So, you see, I feel like I am one of you. I have come back home. When my old friend, Dr. Lineberger, wrote me and sent me the invitation to speak to you this morning, I gladly accepted.

"Editor's Note: Dr. Camalier had made arrangements with Dr. C. N. Johnson, editor of the Journal of the American Dental Association, to have his paper appear in that periodical. It is the policy of the Journal of the A. D. A. not to use an article that has previously appeared in print. The North Carolina Dental Society does not want to either embarrass Dr. Camalier or interfere with the policy of the Journal: rather it is our desire to coöperate. Therefore, we relinquish our rights to use this article in our proceedings so that it may enjoy a wider distribution in the Journal: we believe such a course to be of greater advantage to all concerned."

*President Jackson:*

I wish to thank Dr. Camalier for his splendid presentation. I hope you will all benefit thereby. He is a good sport. He threatened to talk three hours, and then quit five minutes ahead of the time we allotted him. (Laughter.)

At this time I am pleased to recognize Dr. Crafford, of the Virginia Dental Society. (Applause.) And Dr. Simmons. (Applause.) We extend to you the courtesies of the floor. These people from Virginia are excellent folks, and they are going to start their clinics promptly at eleven o'clock. Be sure and be on time. I would like to recognize Dr. Guy Harrison. (Applause.) Dr. Holliday, of Richmond. (Applause.)

I am sure you remember with pleasure that most interesting speaker of yesterday morning. He will speak to us again this morning. It is our pleasure to again hear Dr. Rickert.

*Dr. U. Garfield Rickert, D.D.S., F.A.C.D., Ann Arbor, Mich.:*

# PRACTICAL ROOT SURGERY FOR THE AVERAGE PRACTITIONER

The management of pulp involved teeth, infected or noninfected, should not be looked upon as a highly specialized branch of operative dentistry but rather as a very necessary form of procedure which may be satisfactorily handled by the average operator. The results obtained through the various technics advocated by the outstanding dental schools have proved themselves so satisfactory as to need no apology. The technic in use in the clinic of the University of Michigan School of Dentistry differs very little from that described by Dr. Rickert in a symposium printed in Dental Cosmos for March and April, 1928.

In brief the technic is as follows:

## I. Extirpation of vital pulps:

- a. Novocain is used for anesthesia. (Infiltration or block.)
- b. Rubber dam is used only in cases incapable of keeping dry with cotton rolls.
- c. Pulp chamber is opened sufficiently to give free access to all canals.
- d. Pulp is removed with a barbed broach of suitable size.

## II. Enlarging canals:

- a. Kerr hand root reamers No. 1 to No. 6, properly marked for length from radiograph, are used in their respective sequence.

NOTE: Never try to hurry enlargement by starting with larger reamers. Start with No. 1 and continue to No. 5 or No. 6 in proper sequence.

- b. A canal reamed to No. 6 may be smoother with No. 6 file.

## III. Sealing Canals:

- a. A trial gutta percha cone approximately fitted for length and diameter is sealed into the canal and X-rayed.
- b. If cone is correct, it is rolled in a thick, creamy mixture of Kerr's root canal sealer and carried into place with a slight pumping motion to exclude air droplets.
- c. The first cone is forced to the side of the canal with a Kerr's No. 3 root spreader and additional cones are added each time the spreader is withdrawn.

NOTE: Rotating the spreader before withdrawing will prevent points from pulling out, and leave a convenient opening for inserting the next point.

- d. When no further points can be added, the loose ends are all cut off with one sweep of a large hot spoon excavator.

## IV. Sealing canals with open ends:

Overfilling may result in undeveloped root ends in young patients, or open foramina in adults, unless the opening is first closed.

This may be done as follows:

- a. Select a plugger that will pass to within 5 mm. of the apex and mark this distance on the plugger.
- b. A section of gutta percha, 3 mm. long, equal in diameter to the end of the plugger is tacked to it by heating the latter.
- c. Roll this section in Kerr's sealer and carry to place as indicated by marker, and X-ray.
- d. The marker may be corrected on a size smaller plugger for the distance still to be filled and the section sealed.

NOTE: It is far safer to place the first section 2 or 3 mm. short of the apex, on account of possible errors in root length on the X-ray. If measurements were taken from a foreshortened X-ray, for example, the section would be carried beyond the apex.

- e. After the open apex is sealed, the remainder of the canal may be filled as previously described.

## V. Treatment of teeth showing apical translucency:

## 1st precaution:

Never attempt to approach the apex of a contaminated canal the first time the tooth is opened. Toxic material is apt to be forced beyond the apex and pain and swelling will generally occur.

## 1st treatment:

Formo-cresol sealed into pulp chamber with a loose plug of cotton and sandarac varnish will constitute the first 24 hours of treatment.

## 2nd treatment:

Careful removal of  $\frac{2}{3}$  of canal contents with J and J absorbent points or barbed broach followed by another 24-hour dressing of formo-cresol and cotton and sandarac varnish seal. (Clean broach and flame before re-entering canal.)

## 3rd treatment:

Careful removal of remainder of canal contents, with J and J absorbent points or broach and seal in treatment of a chlorine solution with temporary stopping.

A canal may be regarded as ready to fill when the following conditions exist:

1. No soreness of any kind.
2. The last dressing should be dry.
3. There should be no odor coming from canal.
4. The canal should be properly enlarged and smoother to receive the filling material. Ammonical  $\text{AgNO}_3$  should be reduced in all multicrooked posterior teeth.

# PROCEDURE

Dissolve  $\text{AgNO}_3$  crystals in conc. 28% ammonia until an amber cloudy solution is obtained.

Place a dry paper point in each canal, and moisten the points with solution just made.

Allow to remain in canal 3 to 5 minutes.

Remove points, again carry dry points into canal, and moisten with eugenol and seal with temporary stopping for 24 hours.

NOTE: In case unreduced  $\text{AgNO}_3$  should be carried beyond the apex, extreme soreness will follow. Therefore, paper points should be carefully placed. A canal should never be filled immediately after  $\text{AgNO}_3$  reduction in order to be sure no irritation has been set up.

## ANTERIOR TEETH SHOWING PERIAPICAL DESTRUCTION

Where considerable destruction of the pericementum has occurred in anterior teeth, it has been found highly satisfactory to resort to apectomy immediately following complete sealing of the canal. Complete bone regenerations have occurred in all cases where the canal filling was perfectly condensed.

*President Jackson:*

I wish to thank Dr. Rickert again for his splendid addresses.

Dr. John Wheeler is recognized at this time to make an announcement regarding the meeting of the Resolutions Committee.

*Dr. J. H. Wheeler, Greensboro:*

I want the Resolutions Committee to meet me here immediately following the program this morning, for a few minutes. So that you will know who you are, I will read the names of the members of the Committee: P. R. Falls, F. O. Alford, A. T. Jeanette, and W. L. McRae, and J. Martin Fleming.

*Jresident Jackson:*

We are very sorry that Dr. Dement's train was late this morning. Dr. Rickert very kindly consented to exchange time with him, and Dr. Dement has just arrived. We will ask Dr. J. A. Sinclair to introduce him.

*Dr. J. A. Sinclair, Asheville:*

Mr. President, ladies and gentlemen: After listening to Dr. Rickert deliver his splendid address, I will not discourse on diagnosis and focal infection. He has simplified to a great extent that question. Perhaps some of you who have recently read Dr. Kizer's article in the American Journal on his proce-

dures in the treatment of periodontal lesions, you would think perhaps it is a most complicated treatment, and that perhaps it is not worth while to attempt it. I assure you that we have today a man who is well qualified to present this subject. He is President of the Southern Academy of Periodontia, and has been for several years. I am sure he will give each and every one of you a most complete simplified treatment of periodontal lesions. We are fortunate in having Bob Dement with us today and if you will pay strict attention, he will simplify things. It is a great pleasure to present to you Dr. Dement. (Applause.)

*Dr. Robert L. Dement, D.D.S., Atlanta, Georgia:*

Mr. President and Dr. Sinclair, ladies and gentlemen: I am sorry I am late this morning. I guess I owe you an apology to begin with, but if you have a crow to pick, pick it with the Southern Railroad and not with me. I was on time, but they were not. We left Atlanta last night five minutes late. We got into Greensboro this morning an hour late, and when I got there they said I could get here as quickly on a train as I could by automobile, and I took the train. Here I am, very late.

The program sets forth the subject of "Periodontia" and that is too broad to go into in the time allotted to me. To my mind, one of the most outstanding subjects that comes under this head, is that of Traumatic Occlusion. I have limited my paper to that subject, and I hope that this change is entirely satisfactory.

#### TRAUMATIC OCCLUSION

In approaching the subject chosen for this paper it is with the realization that it is a point in the practice of dentistry which is receiving more and more attention from the general practitioner, as well as from those who specialize in the various branches, and which has become a debatable subject with many.

There are those who believe Traumatic Occlusion to be a result of Periodontoclasia, and there are also those who are just as thoroughly convinced that Traumatic Occlusion is the cause of Periodontoclasia. Regardless as to which came first, "the chicken or the egg," Traumatic Occlusion is going to be with us as long as we practice dentistry, in any of its branches, and it is a condition to be reckoned with if we are to practice successfully. There is hardly an operation upon the teeth which does not have a direct bearing upon the occlusal relationship—Orthodontia, Exodontia, fillings, occlusal and interproximal; bridgework of all kinds, and the natural wear of the teeth.

For a number of years, when patients have presented with teeth slightly loose, and suffering from trauma in their relationship with

the antagonizing teeth, it has been considered good practice to grind them until this excessive stress was relieved, and the tooth put at rest, but not until the great work of Dr. Paul R. Stillman and Dr. John O. McCall, of New York, on Traumatic Occlusion, about twelve or fourteen years ago, did we begin to realize the importance of an early recognition and relieving of this condition.

#### WHAT IS TRAUMATIC OCCLUSION?

In "Clinical Periodontoclasia," published by Stillman and McCall, the definition for Traumatic Occlusion is given as "an abnormal occlusal stress which is capable of producing, or has produced, an injury to the Periodontium," or the supporting structures of the teeth. In all of my reading and study, I have not been able to find a better definition. The blood supply to the pericementum, or peridental membrane, comes through minute capillaries given off from the gingiva, alveolar process, and apical vessels. When there is an excessive stress placed on a tooth, or teeth, and this stress is allowed to remain indefinitely, the supporting structures of the teeth become inflamed, as a result of this irritation, and the tone of the tissue being lowered, the bacteria, common to so-called Pyorrhea Alveolaris, always present in the mouth, invade the tissues, overpower the forces of resistance and as a result there is a breaking down of the tissue, a pus formation, and we have Pyorrhea Alveolaris, or what some refer to as Pericementoclasia.

Another very common and annoying, as well as painful condition occurring in many teeth, from Traumatic Occlusion, is a sensitiveness at the cervical border. There are many cases where a very pronounced trauma may exist which will not present this condition of sensitiveness, but where such a condition does exist, it is wise to examine for Traumatic Occlusion, as a probable cause. There have been many cases of sensitiveness treated with silver nitrate, formalin, ammonium bifluoride compound, or something of the sort, then there has been a recurrence of the sensitiveness on account of failure in diagnosis. In relieving Traumatic Occlusion in these cases, the irritation is removed and sensitiveness disappears, without the use of any of the agencies so commonly used to cauterize the minute nerve filaments in the tooth structure.

The type of Periodontoclasia known as Alveoloclasia, has as its primary etiological factor Traumatic Occlusion. The tooth may become extremely loose on account of the absorption of the inner wall and crest of the Alveolus, due to the constant irritation, or excessive pressure from the opposing tooth, or teeth, without having lesions or pus pockets to form, but after relieving this pressure by grinding off the high spots and putting the tooth at rest (like putting a broken arm in a sling), it soon becomes tight and useful, and if the adjustment is made carefully, the tooth may remain indefinitely and serve the owner well. I have seen some of these cases where the teeth would have an easy movement of over a sixteenth of an inch or more, and then after proper adjustment, would be as tight and firm as any other tooth, and even be used successfully for bridge abutments.

This day and time, when there are so many men in the dental profession, taking the oral diagnosis of the physician and extracting teeth because they are, commonly called, "dead," and because the physician advises that the tooth be removed, instead of making his own diagnosis, we should be very careful to test the vitality of the tooth showing a rarified area at the apex, where there is no indication of a root canal filling. Very often we find these areas resulting from Traumatic Occlusion, and if the occlusion is relieved, the area will clear up and show a normal condition in sixty or ninety days. I have had many patients with such areas to clear up perfectly and remain so.

A very interesting case presented recently at my office of a man about forty-five years of age. He was short in stature, and had a very heavy bite. He was complaining of a severe pain in the molar region of the lower left side. On examination, I discovered an alloy filling recently placed on the buccal side of the third molar, but after questioning the patient, eliminated the filling as a possible cause. The gingival tissues appeared very healthy, and from the periodontium there was nothing to indicate trouble, so to begin with, we radiographed this area, to see what we might, or might not find. On examination of the radiograph, we discovered a pronounced thickening of the pericementum at the apex of the third molar. Realizing these areas might occur on teeth suffering from non-occlusion, as well as those in Traumatic Occlusion, we tested digitally, to see if we could detect any movement of the tooth when the teeth were brought together, and then marked the relationship of the teeth with articulating paper. There were no facets worn on the teeth (the occlusion in this area, in fact, all over the mouth, had been adjusted about three years previously), but since there was a missing first molar, which had not been replaced by a bridge, the teeth had drifted and the upper third molar was driving the lower third distally and also heavily into its alveolus. To avoid removing more tooth structure than was absolutely necessary, we proceeded to grind very carefully, removing a small amount at a time. After the first grinding, the patient said it felt better, and he believed that was the cause of the trouble. A few days later, he came back reporting more pain, but not as severe. We ground a little more, and then on a later visit, a little more and more again. He is now comfortable and thankful he did not have to lose the tooth.

Food-wedging is one of the most potent irritants the Periodontist has to deal with in the treatment of vertical, or complex, periodontitis, or Periodontoclasia. This condition is brought about by teeth being driven apart, at the contact point, during mastication, by a tooth or teeth in the opposing arch. This results not only in an injury to the gingival tissue in the interproximal space from the wedging of food, but also causes an injury to the entire periodontium of the tooth or teeth. By properly adjusting the occlusal relationship, this food-wedging can very often be relieved, but at times, when teeth have lost much of their alveolar support, we find adjusting occlusion insufficient, and inlays, even interlocking inlays, have to be resorted to.

## CAUSES OF TRAUMATIC OCCLUSION

Traumatic Occlusion, through irritation, produces a lowering of tissue tone throughout the periodontium of the tooth, and thus invites an invasion of the pyogenic organisms. These organisms are found in the human mouth at about six hours of age and are present throughout life. It matters not how hard we try, these organisms cannot be eliminated from the mouth, but will remain there, ever awaiting an opportunity to invade and break down the tissues.

Traumatic Occlusion may be produced in several ways: (1) By mal-occlusion, teeth striking at an incorrect angle. (2) Inharmonious wear, which results from the character of food eaten this day and time, and the way we use our teeth. (3) Drifting, after extraction or from wearing of contact points. (4) Restorative defects, such as fillings, crowns, bridges, and dentures, failing in an harmonious occlusal relation with the opposing teeth. (5) Abnormal cogenital tooth form, abnormal shape of occluding surfaces, abnormal position or number of cusps. (6) Habits of occlusion.

## HOW TO DETECT TRAUMATIC OCCLUSION

Up until the time Drs. Stillman and McCall did their outstanding work on Traumatic Occlusion, we only recognized this condition where a tooth moved perceptibly in the socket, but now we endeavor to prevent such conditions by early recognition and correction of occlusal defects.

There are several aids to the detection of Traumatic Occlusion, such as, X-ray, transillumination, facet formation, study models, rolling of gingival margin, etc. The X-ray and transillumination will show the thickening of the pericementum and maybe, in extreme cases, the rarified areas at the apices of teeth. These conditions are then to be checked, as you would facet-formation, by digital examination. In making the digital test, the index finger of the right hand is allowed to rest very lightly across two or more teeth, as a rule, in the upper arch, so as not to come in contact with the teeth of the opposing arch. The arches are brought together three or four times in rapid succession, with a snap, and the tooth suffering from Traumatic Occlusion will be moved out of line, more or less, by the impact. This reveals to the operator the tooth receiving the excessive stress, but it does not indicate where the tooth, or teeth, should be ground to relieve the stress. The articulating paper is then placed between the teeth in question and the patient asked to close tightly, and if necessary, rub the teeth together with a very slight movement of the mandible. This marks the point where the teeth are coming in contact and from a knowledge of mechanics, the operator determines the point, or points, to be ground for relief.

In some cases the presence of Traumatic Occlusion may be detected macroscopically, that is when the teeth are brought together with a snap, the tooth or teeth are driven out of line in the arch and it is very easily seen.

In the normal gingival tissue there is an even contour from the buccal fold to the gingival border, the marginal gingiva terminating in a knife-like edge which clings closely to the tooth. The color of

the gingival tissue runs from a deep pink, at the buccal fold, to a pale pink in the alveolar, cemental and marginal gingiva. When Traumatic Occlusion begins, the gingival tissue, on account of the irritation, becomes inflamed and there is noted, in the marginal gingiva, a rounding of the border, or what is sometimes referred to as a "bellying out" of the gingival border. This is one of the early signs of Traumatic Occlusion, and, along with facet formation is an indication that treatment should be begun for its relief before periodontal lesions begin, and the tooth becomes loose.

#### HOW TO RELIEVE TRAUMATIC OCCLUSION

The maxilla, mandible, teeth, tongue, cheeks and lips form the masticating mechanism and since this is a piece of machinery, we must be mechanics or understand mechanical principles in order that we might properly adjust the machine. I can think of no other operation in dentistry which requires more painstaking care, with patience and perseverance, than does the adjusting of the occlusal relationship. There is no operation in dentistry which is fraught with more danger to the masticating mechanism than the operation of adjusting the occlusal relation.

There are three different ways of adjusting the occlusal relationship: With orthodontia appliances; building up or opening the bite with crowns, inlays and bridges, or by grinding the teeth into proper adjustment. In some cases all three can be used to advantage.

In grinding, after getting study models, where necessary, and studying the conditions to determine the mechanics of the case; with articulating paper, the contacting points between the teeth in the arches are marked to determine the exact point, or points, to be relieved.

In grinding, we use slow-cutting small stones, unless there is quite a bulk of tooth structure to be removed, to avoid over-grinding. The grinding is done under a stream of water to avoid pain from over-heating. The stones are kept moving constantly in order that we might not grind to flat surfaces, but keep the surface contoured. At all times, try to maintain correct anatomical form of the tooth on mesial, buccal, distal and lingual for proper food deflection, and on the occlusal surface for proper food escapement. After the use of stones the teeth should be polished thoroughly with very fine polishing discs, and finished with Burlew wheels in order to maintain a more smooth and comfortable action of the teeth in mastication during the various oscillating movements of the mandible.

Since it takes five millimeters of wear in the region of the central incisors to compensate for one millimeter of wear in the region of the third molar, it is advisable to begin adjusting of the occlusal relationship with the six anteriors and gradually work back to the posterior teeth. Relieving the stress in centric occlusion first, then in eccentric occlusion. There is comparatively little pressure exerted in eccentric occlusion, but in centric occlusion some investigators have estimated that the average person exerts from one hundred and fifty pounds, or more, in the region of the anterior teeth, to three hundred pounds, or more, in the region of the third molar, so the injury to the

periodontium, where traumatic occlusion exists, in centric occlusion, is much greater and should be very thoroughly balanced.

In relieving occlusion in the anterior, where the posterior teeth are present, and with a normal over-bite, there should be enough space, or over-jet, between the upper and lower teeth, when the arches are brought together in normal centric occlusion, to pass a strip of ordinary writing paper without tearing. On the various excursive movements of the mandible, if possible, relieve all tripping of anterior teeth. In grinding the anterior teeth all of the spot marked by the articulating paper is ground, while in the posterior of the mouth, the grinding is done, as a rule, on the margin of the marks and in a way to relieve binding of flat surface against flat surface. In other words, we endeavor to restore the normal contour of the cusps or occlusal surface and produce an easy, harmonious action in mastication.

After adjusting the relationship as closely as possible in this way, with ordinary pink base plate wax, softened slightly with hot water, have the patient bite into it, using quite a bit of pressure. Where the teeth are striking hardest, the wax will be perforated, then by checking back with thin articulating paper, these spots may be marked and by checking spots with wax, we may determine exactly where to polish for a complete finishing of the case.

In some very difficult cases it is also recommended that pumice be incorporated in chewing gum and have the patients do their own grinding. The objection found to this, is the danger of wearing more facets, and the Lord didn't intend having flat surfaces working against each other in mastication, but instead, the surfaces are supposed to be round, or somewhat contoured.

After thoroughly adjusting the occlusion, leaving the tooth surfaces well polished, the condition should be checked from time to time, especially for the first year, as there will be a slight drifting, more than likely, and it may be necessary to readjust slightly in a few spots. Then the relationship should be checked at less frequent intervals since there is bound to be wear and drifting going on all of the time.

I thank you. (Applause.)

*President Jackson:*

I thank you, Dr. Dement, for this splendid presentation.

Mr. Russell M. Grumman was recognized and made some announcements on behalf of the Entertainment Committee.

We are running thirty minutes behind, due to no fault of ours. You will go immediately to the clinics. Those clinics will progress every thirty minutes. This afternoon at two o'clock you will have the progressive clinics again. Be on time at those clinics, and give the clinicians a chance to present their clinics orderly. Dr. John is located in up stairs room number nine. Dr. Holliday is in the rehearsal room as you go out of

the auditorium. Dr. Crafford is on the other side of the hall.

The House of Delegates meets at twelve o'clock, in the auditorium. Be here for that meeting, by all means. You will go to the clinics.

The meeting adjourned at 11:30 o'clock, a.m., Wednesday, June 7, 1933.

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## SECOND DAY—WEDNESDAY, JUNE 7, 1933

### MEETING OF HOUSE OF DELEGATES

The meeting of the House of Delegates was called to order at 12:00 o'clock noon, by President Jackson.

*President Jackson:*

The House of Delegates will please come to order. What is your pleasure? Are there any committees to report? Has anybody anything to offer?

*Dr. E. B. Howle, Raleigh:*

I would like to read the report of my committee. This is the report of the Extension Course Committee.

### REPORT OF EXTENSION COURSE COMMITTEE

On account of the unprecedented economic conditions, there have been no activities on the part of the Extension Course Committee.

We recommend that a similar committee be appointed for the coming year for we are of the opinion that something worth while can, later on, be developed.

E. B. HOWLE, *Chairman*,  
J. M. JOHNSON,  
D. F. KEEL,  
A. H. FLEMING,  
E. A. BRANCH.

*Dr. Z. L. Edwards, Washington:*

I move that the report be accepted.

*Dr. C. C. Bennett, Asheville:*

I second the motion.

The motion was unanimously carried.

*Dr. E. B. Howle:*

It has come to my attention that some of the secretaries of the districts feel that some of the members who have been deprived of their membership by reason of nonpayment of dues could be persuaded to come back into the Society provided we offered them some inducement to come back, and I would like to make a motion that the secretaries of the various districts be appointed as a committee to look into the matter and report back to the next meeting of this body their findings for action at that time.

*Dr. C. T. Wells, Canton:*

I second the motion.

*President Jackson:*

Is there any discussion?

The motion was unanimously carried.

*Dr. A. T. Jeanette, Washington:*

This is the report of the Resolutions Committee. First I want to read you a letter written to Dr. Pridgen by Dr. H. E. Friesell:

UNIVERSITY OF PITTSBURGH

SCHOOL OF DENTISTRY

Pittsburgh, Pennsylvania

Office of the Dean

May 9, 1933.

Dr. D. L. Pridgen,  
Secretary North Carolina Dental Society,  
Fayetteville, N. C.

Dear Dr. Pridgen:

The Commission on Medical Education recently published a book with which you are no doubt familiar. It devoted two pages to dentistry and came to the conclusion that dentistry should be developed under medical education.

I am enclosing copy of a resolution passed by the Pennsylvania State Dental Society last week, covering this matter. A resolution similar in purport was recently passed by the Dental Educational Council and also the American Association of Dental Schools at its Chicago meeting. The dental profession should respond to this unfounded attitude of certain representatives of the medical profession, and I think it would be well if you could have a similar resolution adopted by the North Carolina State Dental Society which I understand meets at Chapel Hill about the second week in June.

If you can't do this yourself, would you turn it over to someone else and see that it is acted upon?

If your Society does act favorably upon it, I can furnish you with the addresses of the various Deans and other authorities mentioned in the resolution to whom copies of your State Society's action should be sent.

Cordially yours,

(Signed) H. E. FRIESELL.

We have here a formal resolution. I will read it.

WHEREAS, a commission representing the Association of American Medical Colleges, and known as the Commission on Medical Education, which has been conducting a study of medical education, has published in book form a "Final Report of the Commission on Medical Education," and

WHEREAS, on pages 216-217 of said Final Report the Commission records its opinions that "dentistry should be developed *under* medical education," and

WHEREAS, no evidence is available of any effort on the part of the Commission to discuss this subject with an existing similar commission, known as "The Committee on Survey of the Dental Curriculum," with the American Association of Dental Schools, or with any authoritative body, interested in and familiar with, dental education or "dentistry," and

WHEREAS, the conclusions of the Commission on Medical Education concerning dentistry are most astonishing:

THEREFORE, BE IT RESOLVED, that the North Carolina Dental Society in annual session convened does hereby unanimously disapprove of the actions and suggestions of the Commission on Medical Education, for the subjugation of the dental profession. Such suggestions are neither impressive nor persuasive; are hopelessly illogical, would degrade dentistry and demoralize dental service, and

BE IT FURTHER RESOLVED, that copies of this resolution be sent to the Council on Medical Education of the American Medical Association, to the members of the Commission on Medical Education, to the American Association of Dental Schools, and to the deans of the medical and dental schools in North America, and to leading journals in medicine, dentistry, and other health-service professions.

J. H. WHEELER,

P. R. FALLS,

F. O. ALFORD,

A. T. JEANETTE,

W. L. McRAE.

*Dr. J. H. Wheeler, Greensboro:*

Do you want to act on these items individually or hear them all first?

*President Jackson:*

We had better act on them separately.

*Dr. J. H. Wheeler:*

Your committee recommends the adoption of that form that Dr. Jeanette has just read. Dr. Guy has expressed that in one sentence that tells the whole story. He says, "Independence with inter-dependence." There is no reason under the shining sun at this late day, after spending years building up a profession, we should have to come in and take a part of our education from them. You all know Dr. Guy. The two professions have been developed separately, realizing they are dependent one upon the other. I see absolutely no reason why we should conform to the recommendations of the report placing us in subjection in any way to training from the medical profession. I move the adoption of the resolution.

*President Jackson:*

You have heard the motion. Is there any discussion?

*Dr. J. Martin Fleming, Raleigh:*

I second the motion.

The motion was unanimously adopted.

*Dr. A. T. Jeanette:*

I have here a letter from the American Dental Association to Dr. Pridgen. The letter is as follows:

March 10, 1933.

Dr. D. L. Pridgen,  
Fayetteville, North Carolina.  
Dear Doctor Pridgen:

The Organization and Membership Committee recently held its first meeting to further discuss the membership plan adopted by the House of Delegates at the Buffalo meeting. A copy of this plan was sent you some time ago in order that you might become acquainted with the details of it. While the plan appears lengthy and complicated its actual operation is quite simple.

We wish to call your attention to the fact that a standing resolution covering your participation in the membership contest will be just as effective as an amendment to your constitution and by-laws. Some of the states prefer to use such a resolution rather than to change their constitutions.

We shall be glad to know of any further action taken by your State in regard to the membership plan.

With kindest regards,

Sincerely yours,

(Signed) H. B. PINNEY,

*Secretary, Organization and Membership Committee.*

*Dr. J. H. Wheeler:*

Mr. President, I have read that plan, and I believe the sixteen pages can be boiled down to this: If I make an error, somebody correct me. This is a contest for members in the American Dental Association. They have not yet decided just how this contest will be conducted. It is possible that they will divide the members of the American Dental Association into two sections. One section will consist of those societies having five hundred members and over. The other will have five hundred or less, but the scaling of the points will be judged according to a pro rata membership basis. For instance, North Carolina has five hundred members. If New York has five thousand members, and North Carolina should gain one hundred and New York two hundred, North Carolina would far exceed New York in the prorata membership gain. The idea of this is that they want this done and done right away if we are going to do it, which I feel sure we will. If you are going to make a resolution, the resolution can be nullified at any time. If we make it as an amendment to the constitution, it will have to lay over for a year before anything can be done. The American would like to have action right away. I think that the plan contemplates that any new members coming in will not be charged any dues for the first year. Suppose we get thirty and suppose we lose fifteen of that thirty. That leaves us with a gain of fifteen. I think the plan is worth while. I do not know just what our membership is, but I do know that approximately fifty per cent of the men practicing dentistry in the State are members of this Society. If we can get half of the other fifty per cent, you see what it would mean to us. If we can build up the membership of the Society, then I think we ought to carry out Dr. Howle's motion. The committee recommends the adoption of the resolution to follow the American plan.

*Dr. A. T. Jeanette:*

Dr. Wheeler, could I interrupt here? I wanted to make it clear that you recommended the adoption of a resolution rather than doing this by changing the by-laws? I believe that would come in the same thing you were talking about. We submit that to the House of Delegates.

# RESOLUTION

Whereas: The American Dental Association by formal action of the House of Delegates in annual session, assembled September 12-16, 1932, adopted a definite plan to increase and maintain its membership and that of its Constituent State Societies; and

Whereas: The House of Delegates adopted the necessary amendments to the Constitutional and Administrative By-Laws of the American Dental Association to provide for a Standing Committee on Organization and Membership to direct the operations of this plan which involves the establishment of an annual membership contest between the Constituent State Dental Societies (as shown by the description of the plan herewith attached): and also, provides a method of coordinating all of the Dental Colleges, the Boards of Dental Examiners and Constituent Dental Societies of all the States with the Home Office of the American Dental Association to make the membership plan effective; and

Whereas: *The North Carolina Dental Society* is a duly authorized constituent state unit of the American Dental Association and is favorable to any constructive measures that will enhance the effectiveness of organized dentistry; Now therefore be it

Resolved: That *North Carolina Dental Society* in annual session assembled, officially approves the annual membership contest plan of the American Dental Association as herewith attached, and pledges the loyal coöperation of this Society to a successful realization of all the features of the plan; and be it further

Resolved: That in order to insure the effectiveness of the coöperation of this Society the following specific items are recommended for adoption:

1. That necessary admendments to the Constitution and By-Laws of this Society be adopted to provide for the cancellation of any membership fee and the remission of the annual dues of this Society to initially licensed dental graduates for the remainder of the year of issue, of the dental license and the next year succeeding the year the dental license is issued, and that the district component societies of this Society be urged to cancel their membership fees, and remit their annual dues to initially licensed dentists for a like period of time.

2. That the BULLETIN of this Society be mailed complimentary to newly licensed dentists for a period of time approved by the Executive Committee of this Society.

3. That the Secretary of the North Carolina State Board of Dental Examiners be requested to annually supply a complete list of licensed dentists practicing dentistry in this State, and also, annually supply a complete list of newly licensed dentists immediately after the dental licenses have been issued, to the General Secretary of the American Dental Association, and to the Secretary of this Society.

4. That this Society establish and maintain an annual membership contest between the component district dental societies of this State, and that each annual membership campaign be held the latter part of each calendar year. Also, that this membership contest involve the same factors as provided for in the national membership

contest under the auspices of the American Dental Association, viz.: the percentage of dentists secured within the time limit as fixed by the officials of this Society and the official representatives of the respective district component dental societies of this State.

5. That this Society herewith authorizes an annual conference of official representatives of its district component societies with officials of this Society to insure unity of action in the annual membership campaign.

6. That established dentists, eligible for membership be given guest's privileges of one annual meeting of this Society before being solicited to become members.

7. That a list of newly licensed dentists in this State be published each year in the official BULLETIN of this Society and that locations selected for practice by the new dentists be published in the State Society BULLETIN as news items.

8. That a list of the district component societies of this State arranged in the order of their percentage standing in the membership contest be published in each issue of the official publication of this Society.

9. That the officials of this Society be instructed to coöperate in every way with the Committee on Organization and Membership of the American Dental Association to insure the success of the annual membership contest; and be it further

Resolved, That this Resolution be recorded in the minutes of this Society and a copy thereof be mailed to the Secretary of the Committee on Organization and Membership of the American Dental Association at the Home Office in Chicago.

*President Jackson:*

You have heard the recommendation of the Resolutions Committee. Is there any further discussion?

*Dr. J. H. Wheeler:*

I move its adoption.

*Dr. J. Martin Fleming:*

I second the motion.

*Dr. F. O. Alford, Charlotte:*

If we are going to do that, take in men not members, it seems to me that it should include suspended members.

*President Jackson:*

The doctor made a motion to take care of that. It will be taken in mind.

*Dr. F. O. Alford:*

I don't think it is right to take in a man never a member of the Society or paid dues to the Society unless you make some provision for the suspended members too.

*Dr. J. H. Wheeler:*

These are all new men coming out of college. We have this point of contact from the senior year in college. The point of contact is for the purpose of reaching through from the dental college until the time they are in the American Dental Association. These men suspended, I do not see that they are entitled to a year's dues.

*Dr. F. O. Alford:*

We discussed that at the meeting just now. I understood that would include all the men practicing in the State.

*President Jackson:*

I understand it includes only the men coming out of dental college.

*Dr. J. H. Wheeler:*

I understood it to include the men practicing in the State who have never been members of the Society.

*President Jackson:*

I made a study of it, and I think that it only includes the new men who have just graduated. The dues are limited to the first year, the remaining part of this year and next year. I understand that the new men practicing the profession will be taken into the Society. These men are coming out of the dental colleges every year. As I understand it, the colleges will furnish the names to the State societies as they are graduated, and we can maintain an unbroken chain of contact from the dental school on into the Society. I understand this is for the new men.

*Dr. F. O. Alford:*

That was my opinion. We decided over there that this applied to all the men practicing. That is in accord with the resolution we prepared and tabled last year for action at this meeting.

*Dr. J. N. Johnson:*

Just what does that year include? Does that mean that those graduates get a year's dues from this meeting, or just what? Does it mean for five or seventeen months?

*President Jackson:*

I understand that they are to be accorded membership for the remaining part of this year and for next year.

*Dr. P. E. Jones, Farmville:*

Right in that connection, I want to find out this: Who pays the American the dues for next year for those men we are going to carry? As I understand the proposition as presented on the floor of the American Dental Association, they expect us to pay the dues for the year. They are asking us to carry those fellows for seventeen months while they only carry them for six months. I think there is a discrepancy in there, and we ought to check into that.

*President Jackson:*

It is not exactly clear, the whole thing. I cannot carry the whole thing in my head. If these are carried along, should the North Carolina Dental Society pay the dues to the American, which is four dollars? Then would the district components remit to the State Society? If they pay the four dollars which is paid them for the Journal and membership in the A. D. A., would that have to be done by the House of Delegates?

*Dr. P. E. Jones:*

We are obligated, because the by-laws say we have to have membership in the North Carolina Society to have membership in the American.

*Dr. P. E. Horton, Winston-Salem:*

I was just thinking about that. We ought to think about this: Have we a right to do away with our Constitution and By-Laws by resolution when we drive into such a thing Dr. Paul Jones is talking about? We can do that, but do we have to put up four dollars to carry them in the American, when the American is requesting this action?

*Dr. P. E. Jones:*

I think it is all right to do that for a half year, if that is necessary, but I do feel like it is asking too much of us if they are asking us to pay for the whole seventeen months.

*President Jackson:*

I am frank to tell you that I do not believe the House of Delegates will do it.

*Dr. J. Martin Fleming:*

You have a motion to accept that. I will make a motion that the details be left to the Executive Committee because we won't get into a controversy like that.

*President Jackson:*

You have heard the motion stated and discussed. Is there any further discussion? (Pause.)

The motion was carried.

*Dr. J. Martin Fleming:*

I move that the details of the working out of the plan be left to the Executive Committee but let them know we are opposed to carrying them in the American.

*President Jackson:*

The Executive Committee is now composed of Dr. Z. L. Edwards, Dr. Clayton, and Dr. Olive. I do not know whom Dr. Branch will appoint, but I feel that these are men that will use their good judgment in this matter. I think you can leave this question to them, and they will take care of it in a manner of which you will approve.

*Dr. H. L. Keith, Wilmington:*

May I ask if you passed this motion, the first motion, that would carry with it we should have to permit this thing we have been discussing?

*President Jackson:*

The motion of Dr. Fleming prevailed, and the details will be left to the Executive Committee.

*Dr. A. T. Jeanette:*

I have a letter here from the American Dental Association signed by the Business Manager for the Association, Dr. L. T. Claridge. I will read it to you.

May 12, 1933.

Dr. D. L. Pridgen,  
Fayetteville, North Carolina.  
Dear Dr. Pridgen:

You no doubt have read the editorial on "Mail Order Dentistry" which appeared in the May issue of the Journal. On the following pages you will find a reproduction of newspaper articles and advertisements which show the development to date.

Nothing could better illustrate what could happen if advertising were universally adopted by the dental profession. It would seem that the development of "Mail Order Dentistry" thoroughly sustains the stand that has always been taken against such practice by the profession at large.

We would like to invite your attention to the proposed plan explained on pages A16-A17 of the May issue relative to advertising appearing in the Journal. We would appreciate your comment and support, if this plan meets with your approval, by bringing it to the attention of the membership whenever possible.

It would seem that it would require but little effort on the part of the membership to make this plan effective and definitely beneficial to the profession.

Yours very truly,  
AMERICAN DENTAL ASSOCIATION,  
By (Signed) L. T. CLARIDGE,  
*Business Manager.*

I read this to you to be answered by the Secretary. We recommend that it be answered by the Secretary of the Association.

*President Jackson:*

Do you recommend that it be answered favorably, as he wants you to answer it, or that the answer be against it?

*Dr. J. H. Wheeler:*

The letter does not carry very much except asks us to agree with their plan as set out in the Journal. A lot of you fellows have seen this stuff. It is sent out by what we call the "Mail Order Dentists." They send you some modeling compound and you press that around your teeth and send it back and send them a check for about three ninety-eight and they send you

a plate guaranteed to fit. As I understand this, the American is trying to get something started to prevent this. As I understand it, they want to get our endorsement. We practically did that down at Elizabeth City last year when we hopped on this advertising business that was opposed by the committee of the A. D. A. If anybody wants to know how we feel about advertising, they ought to come to North Carolina and find out. We do not condone it in any fashion. Our State body is doing the best work it ever did in the recent fight against the fellow in Asheville. I suggest that we refer this letter to Dr. Pridgen to answer and say that the North Carolina Dental Society will do everything it can to help stop this type of advertising.

*Dr. C. C. Bennett, Asheville:*

I took it on myself to get hold of a sample of this advertising just to see what it really was and just what they are using. I ordered some of it. They are using Truebyte molds, shade guides, and everything. I wish it were possible to call upon the manufacturers of these teeth to interfere in some way with their advertising. They are sending out circulars with the Truebyte teeth and forms and everything. I would like for our Secretary to write to the manufacturers of these teeth and ask them to take some action demanding that they not use this particular method. It might do some good.

*President Jackson:*

Do you make that as a motion?

*Dr. A. T. Jeanette:*

There was not a motion. I will make that motion, that the Secretary investigate it. If I understand it correctly, they have these shade guides and molds copyrighted and if this cut-throat gang is using them, then they have the right to step in and cut out the practice. I move that the Secretary call the matter to the attention of the manufacturers and see if they will make an effort to stop it.

*Dr. C. C. Bennett:*

I second the motion.

The motion was unanimously carried.

*Dr. A. T. Jeanette:*

It seems that some of the recommendations made in the President's Address would come under the Resolutions Committee. The first one has been already taken care of. The second is that the Legislative Committee make a special study of the dental laws as they now appear on the statute books of North Carolina with a view to strengthening same. That the committee be empowered to employ such legal assistance as they may need to properly interpret the law and to assist in framing whatever bill in their opinion may be needed to make our law more effective; that the committee make a report of their findings and recommendations at the next annual meeting of the North Carolina Dental Society. Third, that we amend the By-Laws to provide for the Executive Committee the power to designate an approved depository for the funds of the Society including the relief fund. Fourth, that we amend the By-Laws to provide that the Secretary-Treasurer of the various districts must make a final report to the chairman of the Executive Committee within fifteen days after the annual meeting; that said report shall contain a complete list of the members in his district from which he has collected dues, the year for which dues were collected, and the total amount collected. Fifth, that we amend the By-Laws to provide that the Secretary-Treasurer of each district be bonded by the State Society to the amount of one thousand dollars.

*President Jackson:*

Dr. Nixon, will you take the chair?

*Dr. A. T. Jeanette:*

Dr. Wheeler, I believe we decided to submit these to the Society for action?

*Dr. J. H. Wheeler:*

Yes. What was the first one?

*Dr. A. T. Jeanette:*

The adoption of the plan of the A. D. A., by resolution rather than changing the By-Laws.

*Dr. J. H. Wheeler:*

We have passed on that. Will you read the second recommendation again?

*Dr. A. T. Jeanette:*

That the Legislative Committee make a special study of the dental laws as they now appear on the statute books of North Carolina with a view to strengthening same.

*President Jackson:*

Mr. Vice-President: You know Dr. Johnson is quite an active man on the Legislative Committee and my hat is off to every member of that Legislative Committee and they did not fall down a time. They did everything and did it well. As I told you yesterday morning in my address, we thought we had a perfect set of laws. I have talked to Dr. Jarrett of Charlotte about this thing, and we found that we needed only eight words added to only one section of our dental laws to make them more effective. My point was this: Our laws seem to be perfect, but we found one place where by adding eight words, our law was materially strengthened. The Legislative Committee did its work and did it well, but they did not have a lawyer to help them and point out where the changes could be made in our law to strengthen it. I am not reflecting on any member of that committee, or upon the committee as a whole, or any of its work, which I think has been splendid, but these men have not had the means whereby to employ a lawyer to look into these things and bring them to our attention. A special situation confronted the dentists in Charlotte. Those boys down there saw something had to be done and went out and hired a lawyer and he told them where they could add eight words and get the results they wished. If we can strengthen our laws, we ought to do it. I think the committee ought to investigate our laws and if we can make them better, we should do it, but if they are as good as they can be made, then we should leave them alone. (Applause.)

*Dr. C. C. Bennett, Asheville:*

After having gone through with this thing in regard to Dr. Owen, we find that after the Board has made up their decision, that in our law there is no method of appeal. In other words, the man whose license is revoked is not supposed to be able or

does not have any definite time as to when he can perfect his appeal to the court. So, having lived through this thing, that our law at the present time is a deplorable thing with which to attempt to govern dentistry. The Board of Examiners revoked this man's license. He has from now on to perfect his appeal. He does not have to give bond for the expense they have been put through in the event he loses. I think our law should be gone over thoroughly. We have a very poor thing with which to convict a man and let him go right on practicing, with no limit to the time in which he should perfect his appeal. I want to see this resolution passed.

*Dr. E. B. Howle, Raleigh:*

I was in that fight with Dr. Bennett in Raleigh. I think that when we get through with this case we will probably know where we stand. We have no law at all to go on. That has come up two or three times in recent years. Our laws in some way ought to more definitely define just what is practicing dentistry and just what is laboratory work. Our statute is shadowy along that line. Just how far the laboratory man may go without getting into the field of actually practicing dentistry is very shadowy and there are some other points that come up which should be made more clear. For instance, the prosecution of a man for irregular practice of dentistry is a criminal prosecution. But any action the court might take about revoking the license is a civil action and you get into a mass of legal technicalities on those civil actions. In other words, Dr. Bennett spoke about the matter of appeal. So far as I see it, the only way we could force action on a man continuing to practice after his license has been revoked, would be a criminal action against him, and you have to fight it all around again. If you get the law to study it, I think you could do right much with it. I think dentistry should be clearly defined. I think we should get a good lawyer to tell us just what is wrong. When you get that done, you will have a better law than you have now.

*Dr. H. E. Nixon:*

Is there any other discussion?

The motion was made, seconded, and unanimously carried.

*Dr. A. T. Jeanette:*

I have one more resolution.

"BE IT RESOLVED, that for the benefit of the members of the North Carolina Dental Society, that the Society issue each member a certificate of membership annually suitable for framing, together with a membership card upon the payment of annual dues."

We had in mind in making this resolution that if you go into the average physician's office you find a good many certificates hanging around. You find one from the American Medical Association, and this and that, and the other. It really gives you a feeling of comfort when you get in there. I feel like it would be helpful to the Society to have a certificate to frame. We put this in the form of a resolution from the Resolutions Committee.

*President Jackson:*

You have heard the resolution. What will you do with it?

*Dr. J. Martin Fleming:*

I have been back in membership in the Society further than most of you. We used to have such a rule. We had a nice certificate hanging up in the office. We found it was taking the place of the license. When the sheriff came by to inspect the license, they pointed to the certificate and said, "I have it." But I think our annual check-up by renewal of the license would be a stop to the danger of that. I move the adoption of the resolution.

*Dr. J. T. Lasley, Greensboro:*

I second the motion.

*President Jackson:*

Is there any further discussion?

*Dr. J. H. Wheeler, Greensboro:*

Following up Dr. Fleming's history, which is very wise, wouldn't it be the proper thing to do to print in big red letters across the face of the certificate, 1933, just as the renewal license comes to us?

*Dr. J. Martin Fleming:*

That would mean the issuance of a new one each year.

*Dr. J. H. Wheeler:*

Each year. We could print across the first certificate "1933." That would be in great big letters and it would only follow that it was to be used in 1933. This was brought out in the committee meeting and we thought that we could have the annual renewal and help prevent any imposition on the renewal license. We just felt that this would be quite an advantage to the individual dentists. If you go into the office of a specialist, an eye, ear, nose, and throat man, or a surgeon, you will find that he has taken special courses and has done this and done that. I know men who have ten or twelve certificates framed and hanging in his operating room, not out in the waiting room, but the consultation room. Those things are rather impressive. They show that a man is keeping up. Sheffield had a man come in his office a few weeks ago and in talking with him and while he was making an examination the man asked if he was a member of the North Carolina Dental Society. Sheffield told him that he was. He asked if Dr. So-and-so was a member, and Dr. Sheffield told him that he was not. Then he said, "He is never going to do any more work for me." Just about the time Sheffield got all puffed up over the remark, the man went on something like this, "I wouldn't let him do any more work for me. If he didn't belong to the Society, I couldn't sue him." (Laughter.) That was the patient talking, that was his idea, but back of that idea was this: He had respect for organized dentistry. If Sheffield had his certificate up there, it would impress this man. It does not cost much. I think it is a good thing, and it is not advertising.

*President Jackson:*

Any further discussion? (Pause.) You have heard the motion. What will you do with it?

It was seconded and unanimously carried that the motion be adopted.

*Dr. J. Martin Fleming:*

A committee was appointed last year to catalogue the amendments to the Constitution and By-Laws. It is two or three pages long. I don't think it necessary to read it. The motion as originally made and passed was to catalogue the amendments and turn them over to the Editor-Publisher to be published in the BULLETIN. Your committee has gone over the proceedings

since 1928 and catalogued each amendment and stated where it ought to go. I offer it at this time. I don't think there is any use to read it. I do not ask its adoption, but ask that it be turned over for publication, as provided in the original motion.

*President Jackson:*

You have heard the report of the Committee to Properly Catalogue the Amendments to the Constitution and By-Laws. What will you do with it?

*Dr. P. E. Horton, Winston-Salem:*

I move that it be published as requested.

*Dr. J. N. Johnson, Goldsboro:*

I second the motion.

The motion was unanimously carried.

*President Jackson:*

The report will be made a part of the proceedings.

#### REPORT OF COMMITTEE TO CATALOGUE AMENDMENTS TO THE CONSTITUTION AND BY-LAWS

The present Constitution and By-Laws was adopted in Charlotte, April 16th, 1928, and therefore only those amendments and changes which have been adopted since that time are relative.

The first amendment was to Article IX, section 2 of the By-Laws, and related to the election of delegates to the American Association.

Our By-Laws provided as follows: "The names of the nominees shall be placed on a board (black-board) and each member shall vote for three of said nominees. The three who receives the highest number of votes shall be declared the delegates, the next three highest shall be alternates."

The amendment was simply to strike all this out and elect these as other officers are elected. (See page 255 of the 1929 Proceedings.)

At the same meeting, on the recommendation of Dr. Self in his President's Address, we changed our law to enable us to elect one delegate for three years, one for two years and one for one year. One term to expire each year, and that is now the law and should be written at the end of Article IX, section 2, of By-Laws. (See page 208 of the 1929 Proceedings.)

At the meeting, 1929, section 1 of Article VIII of the Constitution was repealed and the following put in its place: Section 1, "That the State be divided into five districts their geographical boundaries corresponding to those designated in 1921, regardless of the number of dentists included. With the consent of those directly involved, the President and Executive Committee may transfer sections of

adjacent districts when in the interest of the North Carolina Dental Society." (See page 263 of the 1929 Proceedings.)

In 1930 following a suggestion of President Wheeler the duties of the Secretary-Treasurer were divided and the office of Editor-Publisher was created.

Article IV of the Constitution reads as follows: "The officers of this Society shall serve for one year or until their successors are elected and installed. They shall consist of a President, President-Elect, Vice-President, Secretary-Treasurer, and shall be elected by ballot, as provided for in Article IX of the By-Laws" (and adding) "and an Editor-Publisher who shall be elected by the Executive officers of this Society, namely, President, President-Elect, Vice-President, Secretary-Treasurer and the Executive Committee."

And then to meet this change Article I, section 4, which treats of the duties of the Secretary-Treasurer is changed to read: "He (the Secretary-Treasurer) shall be chairman of the Program-Clinic Committee and the Exhibit Committee. He shall receive an annual salary of \$350.00 and shall give bond." And then this further section was added relative to the Editor-Publisher: "The Editor-Publisher shall publish the annual proceedings within four months following the annual meeting (publish) at least two bulletins and any other notices and publications the Executive Committee may deem necessary. His salary shall be \$350.00 per annum, provided the executive officers may withhold same in their discretion, if the proceedings fail to be published within the time limit prescribed by the Constitution and By-Laws. (See pages 181 and 182 of the 1930 Proceedings.) And then along the same subject refer to page 165 of 1931 Proceedings and you will find, in a report on the recommendations set forth in President Paul Jones' Address where it was voted to make the salary of each of these officers \$150.00 instead of \$350.00.

Other changes recommended by the President, Dr. Jones, in his annual address, and later adopted to become a part of the Constitution and By-Laws, are as follows: Under Article I of the By-Laws, prescribing the duties of the President this is added: "That the incoming President appoint the Executive Committee as follows: one member for three years, one member for two years and one member for one year, so that beginning with our 1932 annual meeting, the incoming President shall appoint one member of the Executive Committee for three years and name the chairman." (See page 164 of the 1931 Proceedings.)

One other change was made relating to duties of Secretary-Treasurer. Article I, section 4, By-Laws: "That we amend the By-Laws to provide that the outgoing Secretary-Treasurer make, in addition to the report now required, a final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. That the books, vouchers, checks, stubs and all papers having to do with the finances of the Society, shall be delivered to the Executive Committee who shall have them audited by a licensed C. P. A., at the expense of the Society and delivered to the incoming Executive Committee within two months of adjournment of the annual meeting." (See page 165 of 1931 Proceedings.)

At the 1931 meeting, introduced by Dr. Ralph Little, an amendment was added as follows: "Be it provided that any ten members of the House of Delegates may file a minority report dissenting from action of House of Delegates and appeal to the general session of the Society." (This amendment should probably become section 5 of Article II of the By-Laws.)

In conclusion: Some of these changes appear as regular amendments to the Constitution and By-Laws, while others appear as changes voted on recommendation of some President as presented by him or modified by the Society and then adopted. Changes coming in this manner, we have voted to regard as equivalent to a change in Constitution and By-Laws. (See page 174 of the 1932 Proceedings.)

H. O. LINEBERGER,  
W. T. MARTIN,  
J. MARTIN FLEMING.

*President Jackson:*

Is there any other report?

*Dr. G. Fred Hale:*

May I have the privilege of submitting at a later date a final report of the Editor-Publisher for 1932-33, to be incorporated into the Proceedings? So far the BULLETIN has made its own way, and the account for this fiscal year will about break even.

*Dr. P. E. Horton:*

I move that the request be granted.

*Dr. J. N. Johnson:*

I second the motion.

The motion was unanimously carried.

FINANCIAL STATEMENT OF EDITOR-PUBLISHER FOR 1932-33  
TO INCLUDE ALL RECEIPTS AND DISBURSEMENTS  
FROM JULY 25, 1932, TO AUGUST 1, 1933

RECEIPTS

|                                                 |          |
|-------------------------------------------------|----------|
| 1932                                            |          |
| Jul. 25—Balance in Bank.....                    | \$ 44.16 |
| Oct. 24—Dividend from Commercial Nat'l Bank.... | 6.70     |
| Nov. 4—Thompson Dental Company.....             | 15.00    |
| Nov. 4—Rothstein Dental Laboratory.....         | 15.00    |
| Dec. 1—Raleigh Dental Laboratory.....           | 25.00    |
| Dec. 1—Merrimon Insurance Agency.....           | 15.00    |

## 1933

|                                          |    |       |           |
|------------------------------------------|----|-------|-----------|
| Mar. 21—Harris Dental Company.....       | \$ | 15.00 |           |
| Mar. 21—Rothstein Dental Laboratory..... |    | 15.00 |           |
| Apr. 8—Raleigh Dental Laboratory.....    |    | 25.00 |           |
| Apr. 8—Merrimon Insurance Agency.....    |    | 7.50  |           |
| May 5—Fleming Dental Laboratory.....     |    | 15.00 |           |
| May 5—Thompson Dental Company.....       |    | 15.00 |           |
| May 5—The Minimax Company.....           |    | 8.00  |           |
| May 11—Chapel Hill Local Ads.....        |    | 20.00 |           |
| May 29—Raleigh Dental Laboratory.....    |    | 25.00 |           |
| Jun. 2—Powers & Anderson.....            |    | 15.00 |           |
| Jun. 2—Harris Dental Company.....        |    | 8.00  |           |
| Jun. 2—Rothstein Dental Laboratory.....  |    | 15.00 |           |
| Jun. 5—The Dentists' Supply Co.....      |    | 25.00 |           |
| Jun. 14—Fleming Dental Laboratory.....   |    | 8.00  |           |
| Jun. 14—Pyclope .....                    |    | 8.00  |           |
| Jun. 22—Thompson Dental Company.....     |    | 15.00 |           |
| Jun. 23—Samuel French & Sons.....        |    | 15.00 | \$ 375.36 |

## DISBURSEMENTS

## 1932

|                               |    |        |
|-------------------------------|----|--------|
| Sep. 11—Cash, Stamps.....     | \$ | 3.00   |
| Oct. 19—Mailing BULLETIN..... |    | 5.57   |
| Dec. 1—Bynum Printing Co..... |    | 100.00 |

## 1933

|                                               |  |           |
|-----------------------------------------------|--|-----------|
| Jan. 10—Cash, Stamps.....                     |  | 3.00      |
| Apr. 8—Cash, Stamps.....                      |  | 3.00      |
| Apr. 8—Bynum Printing Co.....                 |  | 50.00     |
| May 13—Bynum Printing Co.....                 |  | 47.38     |
| May 29—Cash, Stamps \$3.00; Phone \$4.17..... |  | 7.17      |
| Jun. 24—Bynum Printing Co.....                |  | 125.00    |
| May 11—American Association of Dental Editors |  | 5.00      |
| Check Tax.....                                |  | .18       |
|                                               |  | \$ 349.30 |
| Balance in Bank August 1, 1933.....           |  | \$ 26.06  |

*Secretary Pridgen:*

I have the report of the General Arrangements Committee, which was handed to me.

## REPORT OF GENERAL ARRANGEMENT COMMITTEE

The first separate meeting of the General Arrangement Committee was held in Durham on March 20th, at which time general plans were discussed. Later a full committee meeting was held in Chapel Hill. At this meeting Mr. R. M. Grumman was present. Four dormitories were selected as rooming quarters, a hall for general sessions and rooms for progressive clinics, group clinics, and exhibit spaces were decided upon. At this meeting Mr. Grumman made detailed notes of our requirement and offered valuable suggestions. Since

this time he has enthusiastically arranged numerous details necessary. Your committee wishes to take advantage of this opportunity to express our appreciation of Mr. Grumman's untiring and competent assistance in making the arrangements for this meeting, however successful it may be.

Respectfully submitted,

L. M. EDWARDS, *Chairman.*

*President Jackson:*

You have heard the report. What will you do with it?

*Dr. F. O. Alford, Charlotte:*

I move that it be adopted.

*Dr. J. T. Lasley, Greensboro:*

I second the motion.

The motion was unanimously carried.

*Secretary Pridgen:*

I have the report of the Dental College Committee.

#### DENTAL COLLEGE COMMITTEE

Your committee has been mindful of the importance of the task assigned to them, but in their judgment the economic condition has been such that no constructive work could be undertaken.

Respectfully submitted,

J. A. MCCLUNG,

S. L. BOBBITT,

A. C. BONE,

J. H. JUDD.

*Dr. J. N. Johnson:*

I move that the report be accepted.

*Dr. N. Sheffield, Greensboro:*

I second the motion.

The motion was unanimously carried.

*Secretary Pridgen:*

I have the cases of one or two members I would like for the House of Delegates to dispose of. Dr. L. W. Henderson, who formerly practiced at Pinehurst and who moved to Virginia in 1931. The Executive Committee has recommended that he be transferred to the Honorary List.

Dr. H. Kemp Foster, who joined the Society in 1914 has paid dues consecutively through 1931. He is now in the Base Hospital of the U. S. Government at Macon, Georgia.

Dr. J. S. Wells, who has paid twenty-four consecutive years. He is now permanently and totally disabled.

Dr. W. F. Maderis, who has quit practicing, I don't know how long. He was in good standing at the time he quit practicing. All these members the Executive Committee has recommended be placed on the Honorary List.

*President Jackson:*

We will take the case of Dr. L. W. Henderson first.

*Dr. P. E. Horton:*

I move the adoption of the recommendation.

The motion was seconded and unanimously carried.

*Secretary Pridgen:*

Dr. H. Kemp Foster. Joined in 1914 and paid through until 1931, and is now confined to the hospital.

*Dr. J. Martin Fleming:*

Was he in active practice in 1932?

*Dr. J. T. Lasley:*

He was in active practice, but he was in poor health.

*Dr. J. Martin Fleming:*

I make a motion that he be transferred to the Honorary List.

*Dr. E. B. Howle:*

I would like to offer an amendment or substitute motion: That Dr. Foster's dues be remitted until such time as he is able to resume active practice. With your permission, I will make that a motion.

*President Jackson:*

You have heard the motion.

The motion was seconded and unanimously carried.

*Secretary Pridgen:*

Dr. J. S. Wells, of Reidsville, paid for twenty-four years. He is now permanently and totally disabled.

*Dr. J. T. Lasley:*

Through the generosity of the Greensboro Society we have presented Dr. Wells with his 1933 card and we wish to do the same in 1934. So, if he has paid for twenty-four consecutive years, I will see that he gets his 1934 card.

*Dr. J. N. Johnson:*

I move that we date the time of his application back one year and make him a life member.

*Dr. J. Martin Fleming:*

I am sorry to differ with that, but I think that our twenty-five payment law should be inviolate in our Society. Dr. Wells has not paid but twenty-four years, and we must not forget that if we make one exception it will lead to another, and I am afraid that we will soon have the last five years being remitted. I think Dr. Lasley's solution is best. Let his friends guarantee payment of the twenty-fifth year, and then he will have paid the twenty-five years and complied with our constitutional requirement. It is just like swimming the English Channel. He hasn't done it yet.

*Dr. C. C. Bennett:*

I don't think anybody would ask to remit the last five years, but if they did, then we could object to it. I think we should do this. I do not think the boys should be called on to pay this. I think the Society should be as good a friend to the man after twenty-four years in good standing as his District Society friends.

*Dr. J. Martin Fleming:*

I had rather contribute to it myself than to break our twenty-five year law.

*President Jackson:*

Is there a motion before the House?

*Dr. C. C. Bennett:*

No, sir.

*Dr. E. B. Howle:*

I move that we accept the offer of Dr. Lasley.

*President Jackson:*

Is there further discussion.

*The Floor:*

The question!

The motion was unanimously carried.

*President Jackson:*

The friends of Dr. Wells in Greensboro will pay his dues for 1934 and that will make his twenty-five years.

*Secretary Pridgen:*

Dr. W. F. Maderis quit practicing and was in good standing at the time he quit.

*Dr. Paul E. Jones:*

I move he be put on the Honorary List.

*Dr. E. B. Howle:*

There is some question about these men being put on the Honorary List. The Constitution and By-Laws state definite conditions. We must put them on some kind of list. We can't put them on the Honorary List. We are making a mistake there. We have a suspended list we put members on for nonpayment of dues.

*Dr. Paul E. Jones:*

He was a member of the North Carolina Dental Society. We ought to be fair to him. When he quits practicing that would indicate that he expects to quit paying dues to the North Carolina Dental Society. We will have to fix some way to get out of this without putting him on the honorary list.

*Dr. P. E. Horton:*

This man lived in Winston-Salem for a number of years. He was an associate of Dr. McClung and one of the best opera-

tors I know of, and he has simply gone into another field. He still likes to associate with dentists, and is very fond of dentistry. I have talked to him, and he has told me that he would like to come to a dental meeting. I don't know what disposition you care to make, but that is that. I am quite sure he will be a credit to the dental profession regardless of what position he holds or on what list you put him.

*Dr. E. B. Howle:*

We could make some kind of a list to put him on. For instance, Dr. Henderson. I don't believe we should put him on the Honorary List. We could have some kind of list, say a Retired List, or have some other kind of list.

*Dr. H. K. Keith:*

I move that we have an Inactive List and that this gentleman be placed on that list.

*Dr. J. Martin Fleming:*

Together with Dr. Henderson. I second the motion.

*President Jackson:*

You have heard the motion. Is there any further discussion.

*Dr. P. E. Horton:*

If those men come to attend a meeting will they be members or guests.

*President Jackson:*

Guests.

*Dr. J. Martin Fleming:*

The Constitution says you must pay for twenty-five consecutive years. If he has paid eight years, can he come back to the Dental Society and pay his dues for seventeen more years and still be in the twenty-five consecutive year class?

*Dr. E. B. Howle:*

He has to start all over again.

*Dr. L. H. Butler, Hertford:*

There should be some differentiation some way or other. For instance, as I understand it, Dr. Wells has paralysis. He is hopelessly incapacitated and he cannot help it. He had nothing to do with it. As to the other fellow, it is a matter of selecting an appropriate list to put him on. I do not know how it is to be worked out. I am not going to try to work that out. We should not put this man who has paid his dues and is now incapacitated on the same list with a man who steps aside for another vocation.

*President Jackson:*

We have a list for Dr. Wells. We are going to put him in the twenty-five-year class next year. Dr. Maderis is put on a Retired List. I get your point, and appreciate it.

The motion was carried.

It is one o'clock. Shall we quit or stay longer?

*Dr. F. O. Alford:*

At Durham when we had the meeting of the Executive Committee, Dr. Northington was invited to come explain something to us. He is Editor of the Journal of Southern Medicine and Surgery, and he talked to us on whether he should include a section for the dentists. We invited him to appear before the House of Delegates. Dr. Northington is here today and I think we should hear him at this meeting.

*President Jackson:*

How much time does Dr. Northington want? I want to make myself perfectly clear. I want everybody here to get a courteous hearing. I am equally anxious to keep within our time. If it is agreeable, we will be pleased to hear him for five minutes.

A motion to hear Dr. Northington for five minutes was made, seconded and carried.

Without further formalities, we will hear Dr. Northington.

*Dr. J. M. Northington, M.D., Charlotte:*

I am delighted to have the invitation to speak to you on a matter of vital concern. All of us understand the mutual dependence of the physician on the dentist, the dentist on the physician, and the patient on both. Self-preservation is the first law of nature. Very likely the dentists did not follow as

carefully as the physicians did the activities of the commission to study the costs of medical care. After five years of study and expenditure of a million dollars it brought in a report recommending that all services, physicians, dentists, druggists, and nurses, be put on a basis of pay either by taxes or by insurance. It takes no stretch of the imagination to know what that would mean to men practicing the healing art. We must see sick people, or people pretending they are sick, to be called at any time, and the salaries fixed by some bureaucratic organization, and I cannot conceive of the maintenance of your profession or mine on any basis of integrity. I simply believe, as I told the Medical Society, that it would not be but ten years under an organization like that before a lot of people, a class of young men much like paper hangers, carpenters, would be on the same standing with us, and the dentists would be going into other fields of endeavor.

As a means of keeping an active and energetic liaison between the two professions, it would be the very best means if we could have a monthly reminder of the fact that this report has been made. I am not urging this upon you at all. If we can get the dentists and pharmacists and the nurses to go into this thing with us, we will have a paper that will keep the minds of the members of all those professions upon the subject. By that method we can strengthen our defense of that move. With united effort we can keep it so our sons and sons-in-law can go into dentistry and medicine and practice them as an honorable profession.

I might tell you that the members of this commission were not what they should have been. They had a medical doctor on there that had not practiced for twenty years. A group of the men on there, including two dentists, filed a minority report. They also had the President of Stanford University on that commission.

I might tell you that if you wish to have the members of your Society receive the Journal on the same terms as those organizations who now receive it, it is two dollars per member per year, the dental and scientific papers of your Society to go in along with the papers from the Medical Association. If you wish to have some individual mailing to each member done, then we could arrange for that in pamphlet form. If you should care to consider this proposition, I would be very glad to make you the offer, and have you consider it. (Applause.)

*President Jackson:*

Thank you, Dr. Northington. I appreciate your invitation. What will you do? It is eight minutes past one o'clock.

*Dr. J. Martin Fleming:*

We will take it up later.

*President Jackson:*

The House of Delegates adjourned at 1:10 o'clock p.m., Wednesday, June 7, 1933.

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## SECOND DAY—WEDNESDAY, JUNE 7, 1933

### BANQUET

The Banquet Session was called to order by President Jackson at 6:30 o'clock p.m., at Swain Hall.

*President Jackson:*

I wish to present to you at this time our Toastmaster, Mr. R. B. House, of Chapel Hill.

The visitors and guests were given recognition.

*The Toastmaster:*

There is a late-comer to North Carolina. He is our speaker this evening. He belongs to you as a professor of law in our neighboring institution, Duke University, in its distinguished Law School, where, through the Department of Legal Research, he is making a name not only for that school, but for this section of the country in that type of work. He belongs to you by rights. He is a native of Tennessee, and as a son of Tennessee he is naturally a grandson of North Carolina. And then, by way of Princeton, his Alma Mater, he is there a son of an institution that is a sort of grandmother to civilization in the entire South. If you will read our history, you will find that a number of good Scotch Presbyterians came down into Piedmont South and built up a civilization. To those of you who are familiar with that chapter of our history, you know what Princeton means. By way of Harvard, he has acquired

distinguished manner in a high class of intellectual character, which he is going to exhibit here. Harvard is a great law school. But above all other things he is a Scotchman, a "Mac" and he is one of your people, and he belongs to you. He is identified with the people and the spirit of North Carolina.

I think that is a good introduction. (Laughter.) It is time for me to get out of the way. Ladies and gentlemen, I want to introduce to you our distinguished guest and speaker, Dr. Malcolm McDermott, of the Duke University Law School. (Applause.)

*Prof. Malcolm McDermott, Duke University, Durham, N. C.:*

Mr. Toastmaster, ladies and gentlemen: During the course of the evening our Toastmaster has asserted that the question with the American people was whether or not they should dine or be entertained. I rather assumed that the question before America today is one that has come down from classic literature: "To beer or not to beer!" (Applause.)

I appreciate deeply this very hearty welcome and generous introduction, and I am exceedingly happy to be here on this occasion. Particularly so in view of the fact that, as has been pointed out, I hail from Tennessee. For I am aware, my friends, that since certain incidents at Asheville, it is an old custom in North Carolina not to allow Tennesseans to run at large in this State. After reviewing the history of our two States, I find that this feeling runs back to an early date. I discovered it only recently. Perhaps you have not discovered it yet. (Laughter.) You may recall that on the Tennessee border, just before you get into Tennessee, there is one of the natural wonders called the Hot Springs. You may have visited them. It seems that back in the days of the pioneer frontiersmen, an old North Carolinian packed his goods and chattels in the old covered wagon and determined to go across the Smokies and seek his wealth in the valley of the Tennessee. He started out. It was a long and tedious and hard journey. They became sick and the Indians beset them. They were all longing for their old home. Thus distraught they finally came one evening to pitch camp beside the spring. The old fellow knelt down on his knees to take a whaff of the water. When the water touched his lip, it burned. This was the last straw. The old man jumped about ten feet in the air and shouted, "Boys, turn them horses around and get going back to Carolina! Hell ain't a quarter of a mile from here!" (Much laughter.) That used to be my State, but if you feel that way about Tennessee, just remember that is was once a part of North Carolina. You gave it to us. You are responsible for what we are. (Applause.)

I want to thank the Committee on Arrangements here at the outset for making one feel at home with a group of dentists by having this National Emblem of your Society hanging above my head. I feel perfectly at home. I have had my share of punishment sitting in a dentist's chair with him drilling in my teeth with an instrument

just about that size, and making just about that noise. (Laughter.)

Some of you whose memories go back as far as mine, will recall about the time Edward VII was about to be crowned King of England, he was suddenly seized with an attack of appendicitis. The great crowds waited for the coronation ceremony. Finally the Prince recovered. It was decreed that there should be a ceremony in Westminster Abbey celebrating the recovery of the Prince. It seems that over there in the Abbey they have a hymn book. This is a remarkable hymn book. In the first part it has the regular hymns, and in the back it has what they call the appendix. The story goes that on this occasion the Archbishop of Canterbury arose and announced, "We will now sing 'Sweet Peace' in the Appendix." (Laughter.) My story is not altogether without point. I am frank to say to you I think an after-dinner speech is very much like an operation for appendicitis. The analogy is right much the same. You are liable to be seized at any time, and most likely to be afflicted right after a meal. It is something that is tacked on to an otherwise good program like an appendix, which the doctors say is useless. It is there, and it has got to come out. They tell you the operation is exceedingly painful. You can get this consolation, it is not as painful when you are asleep, and if any of you can sleep without an anaesthetic, you have my permission! (Laughter.)

I was greatly flattered when I received from the News Bureau at Chapel Hill a letter asking for advance notices on my distinguished oration of this evening. It concluded in this fashion: If you plan to advance a new theory about dentistry, be sure and indicate the fact and explain in some detail. For the benefit of myself and my fellow indigent lawyers, I have one theory for dentistry to promulgate: If you can work up some form of penniless dentistry, it will be exceedingly popular among the members of my profession.

I was reading the other night the biography of Martin Van Buren, *The Man in the Era*. You may have read it. It is well worth reading. In that book, I found some interesting history concerning the manner in which the people of upper New York State used to handle their courts and judges. When the judges decided a case contrary to public opinion, the crowd just waited for him outside of the court room and gave him a good drubbing, if he decided the case contrary to their whims and notions. I read that with indignation, as any lawyer would do. I said to my friend the next morning that I was certainly glad we had made some progress, because here in New York State less than a century ago the people used to assault their judges when they did not decide cases to suit the public notions. I told him that I felt encouraged and I was well-pleased, if I may confide in you, when he agreed with me. But imagine my chagrin when I opened the paper the following morning and read of the dastardly thing which occurred in the State of Iowa when the judge was taken out and subjected to a most embarrassing indignity, downright violence. It was one of the most infamous things that has occurred in America in this generation. I hope it has sunk into the hearts and minds of the American citizenship. I cannot think of that thing without a feeling of shame creeping over me. Now, listen: You can't charge that up to the Bolsheviks or the

Communists or aliens who just recently came into this country. That damnable thing occurred in the heart of America, in a State that boasts the lowest rate of illiteracy of any State in the Union, by pure-bred Americans it was done. And it tells you and me the story, the very unpleasant story, that there is a lot of the brute still left beneath this veneer and civilization that we like to boast about. It is breaking forth every now and then. I saw it during the World War. I talked with men who knew this to be a fact: That on transports which carried American soldiers, if a fellow became unpleasant or did something that antagonized a certain group on board, the next morning he would be missing. Somewhere in the Atlantic he had been grimly dropped overboard. I tell you that beneath the veneer of civilization we are accustomed to boast of in this country, we have got a terrific problem. We might as well face it, unpleasant as it may seem to you, and the more we face reality in days like these, the more the truth is driven home to us.

I am interested in this subject for this reason: On all hands in America today we are hearing—don't misunderstand me, I am not making a campaign speech—we are hearing that a new deal is coming, and the idea is that somehow the thing has got to be shuffled up and redealt and a new distribution worked out, and then forsooth we will all be happy. Well, God pity you. The determination of Americans today seems to be the ideal of 1929, and getting us back to where we were in 1929. You have heard it and I have heard it. We hear that if we get our stock market going again all will be happy. We degenerated into a race of gamblers in this country and you know it! When we lost, we squealed and shed crocodile tears over our own misfortune. We gambled and speculated and could not understand why the game did not keep up. These are unpleasant facts, but I want you to let them sink into your hearts and minds here tonight for the purpose of determining whether or not we are living today in this dark time with the ideals of getting back to that same old gambling orgy. If that is so, if that is all we have in mind, if that is all America holds in store today, I say to you we are all going to be more miserable than we have yet been.

I have a very brief message to bring to you here tonight. It is a great privilege for a lawyer to be able to speak to a group of dentists, I take it, Mr. Toastmaster. I might have begun by saying this is going to hurt you a little bit. But no. It is going to hurt you more than that. I think the lawyers and dentists have much in common. In the first place, they both belong to the most maligned professions that I know of. The public never tires of telling jokes about the lawyers and dentists. In the second place, we have the most unappreciative clients of any group. When a lawyer wins a case, what does a client say? "All right. It is his business." When the lawyer loses a case, what is said? "You old dub! Don't you know any better than that?" When a client comes in to you with a great pain in his jaw, and you extract the tooth and the pain is gone, he is liable to be gone, too! A young dentist told me once he was very anxious to get his fee. When he finished the extraction, he said,

"This tooth will cost you five dollars." The man shot out at the door and said, "Keep the damned thing! I didn't want it anyway!" (Laughter.)

There is a deeper bond between the lawyer and dentists. They are thinking men and they are good citizens. I am not trying to flatter you. I have a great many among your profession in my old home, in Tennessee, men whom I love dearly, men whom I have come to know intimately, and I find them substantial, thinking men. That is why I address these remarks to you tonight. We are living in one of the most remarkable eras that America has ever experienced. I think the next few months are going to determine in a large measure what is to be the outcome of this great effort to rectify conditions under which we have been laboring. Will a new deal solve the problem? I tell you it will not. I stand here to plead not for a new deal, but for a new foundation, a new foundation for American life. You deal the cards out and let each fellow take his bunch and what good is it going to do after he takes them out. He builds on a foundation that is going to fall just as this one has fallen. Why, it is nonsense, my friends. What have I to build on? I am not a preacher, I am a lawyer. You are professional men and you have a contact with the every day life. What are we building on in this country? You know. We boosted the booms with values that never existed and the bubble bursted, and the truth has been driven home once more that you cannot float a substantial business structure in thin air, and the higher you project it, the greater is the fall thereof. My friends, we staked our all on material values and material things. We got the fool notion in this country that we could subtract character from every department of human life and it has been proved here in our eyesight that it cannot be done. You subtract character from banking in this country, and what do you get? You know what you got! You saw it! A thing you and I could not have dreamed would have occurred one year ago. Every bank in the land was locked. Why? Because men lost faith in the character of their fellow men. You subtract character from the home life of America and what do you get? You get high, destructive living. We have a generation of vipers growing up in our very midst who are breaking their parents' hearts. Subtract character from the governmental official life of the country, and what do you get? You know what we get! Corruption in high places, selfishness, and selfish motives seizing down on the every day life of our people. It has besmirched the pages of our national history. Tell me in the name of common sense what good a new deal is going to do if we are going back on that same foundation! Thinking men and women of America, the time has come when you and I have got to preach it to our children, and our children's children, and to all the men and women of America, that there is only one foundation on which the national life of this country can be made to stand—old-fashioned, rugged honesty and decency! You know what we tried to do in this country. We built a great temple to the God of Mammon, and when we got it up to a great height, we delighted in dancing around and chanted its bigness and security and greatness, and lo and behold—it collapsed at our very feet. The fragments lie strewn

about us yet, a monument to our folly. The call is not to a new deal. The call is to a new foundation upon which to erect a national edifice that can stand and can serve all mankind, and one that shall be dedicated to goodness rather than to greed, and to service rather than to selfishness. That is the call to American manhood, and I believe that the thinking men and women of this country will see this truth, and if a new deal is come, we shall see to it that a new foundation shall be laid upon which to build our new life in this land! (Applause.)

*The Toastmaster:*

I am sure that on behalf of the Society and the guests who have assembled here, that I may thank you, Dr. McDermott. I am sure we all agree with him.

Now, I believe we come to the presentation of the President's Emblem. I believe that there is a good deal of speaking connected with this, so I surrender the floor to Dr. Joe Betts, who will perform that ceremony.

*Dr. J. S. Betts, Greensboro, N. C.:*

Mr. Toastmaster, members of the North Carolina Dental Society, our distinguished guests and visitors, ladies and gentlemen:

Prior to our meeting at Elizabeth City last year, many of us had never gone into the extreme Eastern Section of our State, where history began in North Carolina. When the time came in carrying out our program, as it comes to each of our meetings, to select the next meeting place and our fellow dentists here, your efficient Dr. Jones, brought us a cordial invitation to meet at Chapel Hill, some of us wondered whether we would be doing the wise thing to accept the invitation. In the language of one whose name has not been on the public tongue very much in recent months, we thought it would be a "noble experiment." And I believe the fine young fellow who took the reins of government at that time realized that it was something of a "noble experiment." When he mounted the rostrum after accepting the gavel, he delivered a ringing patriotic speech the like of which some of our distinguished political ancestors back yonder could not have exceeded. He rang true to himself, and to our ancestry. He said, "We must not fail in having the best meeting at Chapel Hill in our history. Fellows stand by me!" We did stand by him.

Mr. Toastmaster, I think this is one of the best meetings we have ever had. It was bound to be such, coming to this distinguished atmosphere, to these classic surroundings.

In going back over the track of the years, memory recalls several red-letter days that have come into my life; none of those high spots do I prize more highly than the one that came to me a few minutes ago when the Secretary asked me to present this President's Emblem to our retiring President. I am very fond of this young fellow, Wilbert Jackson, as all of us are. He has about him—developed in

the large—that all-too-rare quality of directive efficiency. He took the reins of government and I won't say he surprised us all, but I will say that he rose to the occasion. He attended every district meeting arousing more enthusiasm than we thought was possible. He wrote letters and got in touch with key men here and yonder. He said in those letters, "Fellows, don't fail me! Come to this meeting!" And we have had a wonderful meeting. It gives me a great deal of pleasure to present to you, Dr. Jackson, in the name of the North Carolina Dental Society, this President's Emblem; and I hope that you will carry it with you until the last day you live. (Applause.)

*President Jackson:*

Mr. Toastmaster, Dr. Betts, members of the North Carolina Dental Society, and guests: I accept this emblem with humility and pride. With humility because I have not been able to render a more efficient service. With pride for having had the opportunity of serving the noblest bunch of men on God's green earth. I thank you. (Applause.)

*The Toastmaster:*

The Chair recognizes at this time Dr. S. R. Horton. I think Lineberger wanted to talk, but they got together and compromised on Horton.

*Dr. S. R. Horton, Raleigh:*

Mr. Toastmaster, distinguished guests, and ladies: I will have to get back at R. B. These fellows that do not speak as often in public as they do in private cannot get back at others so easily on our feet, but we know how to get him all right.

I presume that our teaching of boys in their youth has been handed down through all the ages, not to show any affection for their male companions, and growing more and more reticent as they grow older about showing this affection will be followed to the end of time, but I have my doubts about the wisdom of it. There is hardly an emotion so genuine as the devotion of a man to his fellowman. There is an unselfish quality to such a devotion that makes it stand out from the other emotions. I well remember an incident which happened during my school days. I got into an argument and was not foresighted enough to have any backing. This argument went on for some time and it finally got to the place where somebody's face was going to be knocked off. I did not have a friend, not a friend. They were closing in on me, and about that time I saw a little bit of

a man pressing through the crowd on the street and I tell you I do not think I ever saw anybody I was as happy to see as that little bit of a man. He was my friend, and though he did not have the body and strength to throw into the cause that a big man might have, he had the heart of a friend, and I think I could have licked the whole bunch. This little fellow's courage set something inside me on fire. I walked out of that crowd with shoulders up, and I was a brave boy.

You know, I have often thought that if we showed our fellow-man a little more of our feeling while we are still here together, the world would be a better place in which to live. You know, there is but one time in a man's experience when he can absolutely do that frankly and personally, and apparently normally at the time, and that is when you have had a drink or two together, and since my friend Martin Fleming here will never take a drink with us, we have not had the opportunity of telling him just how much we love him, and I have this little emblem here tonight, an emblem of honor which the dentists of the State of North Carolina wish to present to him. They give this little emblem to Dr. Martin Fleming to show him a little something of the love and appreciation the dentists of Raleigh, North Carolina, bear toward him. (Applause.)

*Dr. J. Martin Fleming, Raleigh:*

Mr. Toastmaster: Dr. Horton has described not what "he was, but what he should have been." I thank him.

*The Toastmaster:*

In this connection, the Chair recognizes Dr. J. N. Johnson.

*Dr. J. N. Johnson, Goldsboro:*

Thirty-one years ago I became a member of this Society. My relation with the activities of the organization over this period of years leaves me with a keen knowledge of the events in its history that have advanced the dental profession from a class of highly organized mechanics to a more highly organized and respected profession.

A quarter of a century ago our professional status was very low. Under the statute we were not privileged to write a prescription. Many dental colleges then required no standard of predental education, only a few actually enforced it. A dental college was advertising in the press of the State for young men to leave the farm and make a fortune in dentistry. You can imagine, as a profession, whither we were drifting.

Greater devotion toward the correction of these evils hath no man performed than he, whom we, in behalf of the North Carolina Dental Society, would honor tonight. Turning back the pages of the passing years I see him, a young man, handsome, possessing a brilliant well trained mind, fearless yet modest; but as hard as chilled steel when it came to enforcing the law that elevated the standards of the dental profession.

Twenty-five years ago, in recognition of his valuable contributions to his profession, he was elected President of this Society. Twenty-four years ago he was elected to the most important position on your Examining Board. The Board was reorganized around him as its Secretary. He immediately urged fourteen Carnegie units as the standard requirement for entrance to a dental college. But this required a statutory enactment. He threw his heart and soul into the drafting of the necessary bill, and then as a member of your Legislative Committee he came from his distant city (at his own expense) to attend the General Assembly. Here after a day of useless effort on the part of the committee, as a whole, to find some one to introduce the bill, he would not be defeated, but remained in Raleigh over night and as he traveled from room to room in the old Yarborough Hotel the eloquence with which he presented his cause pledged enough members of that Legislature to pass the bill. When the bill was ratified, with that Secretary on the job, "church was out" with the half-baked dental colleges, not without argument, however.

Tonight, I see in the fine personnel of this Society the result of fourteen Carnegie units, and there are fewer and better dental colleges in the United States that are turning out better educated dentists. This same young man conceived in his mind the plan of districting the State—the result you see in your wonderful district societies. I wish that I was sufficiently talented to write the saga of Fred L. Hunt, who served nearly 20 years as the Secretary of your Examining Board. Unfortunately, he is not with us tonight, and it gives me a great deal of pleasure to present to one of his very best and dearly beloved friends, Dr. W. F. Bell, this Past-President's Medal, and ask that you deliver it to Dr. Hunt with our love and appreciation of his many years of service and express to him our affection to him as a man. (Applause.)

*Dr. W. F. Bell, Asheville:*

Mr. President, members of the North Carolina Dental Society: Dr. Hunt is not with us tonight through any choice of his. If he could possibly have been here, you would see him here at this meeting. Dr. Hunt's health has not been very good for the last few years and he was not able to be here. It is a great honor and privilege for me to take this medal back to Dr. Fred, and I assure you he will get it just as quickly as I arrive in Asheville. (Applause.)

*The Toastmaster:*

I wish to recognize at this time Dr. Neal Sheffield.

*Dr. N. Sheffield, Greensboro:*

Mr. Toastmaster, ladies and gentlemen: It is a great pleasure to me to have the opportunity tonight to confer an honor upon a man who is outstanding in the State of North Carolina. This man, back in the early years, did more than anyone I know when this Association was young. He rose up and was recognized at once as a leader. This man was called to lead this organization back in 1904 or 1905. He held the office and executed the duties with great distinction. Later he was called to serve as Secretary. He did not stop there. He went on and served for many years on the Board of Dental Examiners. Some writer has said that if we want roses, we should plant some rose bushes. This man has been planting rose bushes along the pathway of the younger dentists. He is a man who the wise have found worth while to seek his counsel. He is a man of whom dentistry is very proud. His friends in Greensboro felt we might in a small way hand to him just a small rose from one of the bushes he has planted by our wayside, and without speaking further it gives me great pleasure to present a President's Medal, which has been given by his friends in Greensboro, to Dr. J. S. Betts of Greensboro. (Applause.)

*Dr. J. S. Betts:*

Mr. Toastmaster, let me say a word. They are putting over things on me. Thank you from the bottom of my heart! (Applause.)

*The Toastmaster:*

We come to the time for the presentation of the golf prizes. In this connection I will recognize Dr. D. T. Carr, of Durham and Chapel Hill. Both of us claim him.

*Dr. D. T. Carr, Durham:*

We have eight prizes, donated by the different dental supply houses and laboratories. The first prize is won by Dr. George Hull of Charlotte. (Applause.)

The second prize is won by Dr. J. S. Spurgeon of Hillsboro. It is given by the Raleigh Dental Laboratory of Raleigh.

This prize is won by Dr. J. W. Branham. This one goes to Dr. F. N. Pegg of Denton. It is donated by the Harris Dental Company of Norfolk, Virginia.

This prize is for Dr. C. A. Graham of Ramseur. This one is for Dr. Claude Hughes. It was given by Powers and Anderson.

I thank you very much. (Applause.)

Dr. J. P. Jones made some announcements concerning the dance.

*Dr. H. O. Lineberger, Raleigh:*

I think you should introduce the young lady to your left.

*The Toastmaster:*

I wanted to do that earlier in the evening, but I was enjoying the longest uninterrupted spell of conversation I have ever had. (Laughter.) This is Mrs. House. (Applause.)

*President Jackson:*

I wish to thank Mr. House most kindly for his entertainment this afternoon. He is a most excellent toastmaster. (Applause.)

The banquet session adjourned at 9:00 o'clock p.m.

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## SECOND DAY—WEDNESDAY, JUNE 7, 1933

### ELECTION

The meeting was called to order at 9:10 o'clock p.m., in Hill Music Hall, by President Jackson.

*President Jackson:*

In North Carolina we have what is known as the Australian Ballot. The North Carolina Dental Society is going to exercise that privilege tonight. Only one member will be allowed to vote at a time.

There was an announcement concerning the manner of voting.

Let me remind you that if you have not paid your dues, you will not be allowed to vote. The secretaries of the districts are sitting right at the door. Do not embarrass yourself and your secretary by coming down to vote if you have not paid your dues. He will not hesitate to stop you, but do not embarrass him by making that necessary.

*Dr. Harry Keel, Winston-Salem:*

While we are waiting here, let me take this up. You fellows know that Dr. Jones recently died. His family has left in my hands a lot of proceedings of the State Organization and some other things. These were to be given to the State Society provided they want them. I also have several old books that pertain to dentistry to go into the collection if the North Carolina Dental Society wants them.

*President Jackson:*

You have heard this matter presented. What is your pleasure?

*Dr. J. Martin Fleming:*

I believe I am a crank on the preservation of records. Some years ago Dr. Spurgeon, Dr. Tucker, Dr. Davis, and myself had complete files on the proceedings of the Society. Since that time fire and different things have cut it down until we now have only two to three complete sets of books and I believe the Society should accept these gladly from Dr. Jones' family and probably have this one complete set, because probably in a few years, we cannot complete another one. I move that we accept the offer of Dr. Jones' family and receive the books.

*Dr. P. E. Horton, Winston-Salem:*

I would like to ask him in whose name these things are to be kept. I want to second his motion and ask that question.

*President Jackson:*

Dr. Zachary is the Librarian for the Society and she would have charge of them.

*Dr. J. Martin Fleming:*

Davis and myself have complete files of these proceedings. Davis has expressed a desire that upon his death his set go to Duke University. I expressed a desire that when I go, my set shall go to the University of North Carolina.

*Dr. P. E. Horton:*

In Winston-Salem we have what is known as the Wachovia Historical Society and in view of the fact Dr. Jones lived in Winston-Salem, I would like to put in a bid for the Wachovia Historical Society for the disposition of that set.

*Dr. Harry Keel:*

I am sorry, but there is probably a little selfish motive on my part. I am perfectly willing to turn them over to the North Carolina Dental Society. Otherwise they are mine, according to the wishes of the Jones family. I would particularly like to keep them and preserve the record. I could not let them go any other way. I want them unless the Society decides to accept them.

*Dr. P. E. Horton:*

Dr. Keel is the boss under the circumstances.

*Dr. H. O. Lineberger, Raleigh:*

Was the motion seconded that the Society should accept these books?

*President Jackson:*

Was it?

*The Floor:*

Yes.

*Dr. H. O. Lineberger:*

If we are to have a Library, I think it very fitting that the North Carolina Dental Society should take these and enter them in our Library.

*President Jackson:*

Is there any further discussion? (Pause.) Are you ready for the question?

*The Floor:*

Yes.

The motion was unanimously carried.

*President Jackson:*

Nominations are in order for President-Elect of the North Carolina Dental Society.

Dr. E. B. Howle made an announcement regarding the manner of voting.

Men, make your nominating speeches short and to the point. This is not a joke, and we want to handle it in a business-like manner. Do I hear a nomination for President?

*Dr. P. E. Horton, Winston-Salem:*

In compliance with your request, I will make my nomination speech very short. I want to say that the man I am going to nominate is an operator of recognized ability. He is a man who has been in practice quite a long while. He is a man whose integrity is unimpeachable. He is a man who will fill the position, I am sure, with credit. That man is none other than Dr. L. M. Edwards of Durham.

*Dr. Harry Keel, Winston-Salem:*

May I say a word? It happened to be my privilege a few years ago to be associated with Dr. Edwards. He is an operator and a dentist, and a man that can't be beat. I know, because I was very close to him. He is a man that is always willing to stop and take time to help a young man along. I learned more in dentistry in the few months I was with Dr. Edwards, than I ever learned before. He was always ready to stop and come in and help me. Gentlemen, if you elect Dr. Edwards tonight as your next President-Elect, I am sure you will never regret it. He is a man who will give time and effort to the affairs of our Association. I am sure you will be repaid if you elect Dr. Edwards. I second the nomination.

*Dr. Ralph Jarrett, Charlotte:*

As a member of the North Carolina Dental Society and one of the younger men, I would like to say that I have had the pleasure of seeing some of Dr. Edwards' work, and I find that it has been an inspiration to me, and I have always looked up to him with an attitude very much like this, "If I could be that good, I would be satisfied!"

*Dr. D. K. Lockhart, Durham:*

I would like to say that I have practiced dentistry across the street from Dr. Edwards for the last fifteen years. It is with a great deal of pleasure that I endorse his nomination.

*Dr. Henry C. Carr, Durham:*

Seventeen years ago I moved to Durham to practice dentistry. I went to see Dr. Edwards and the others. They gave me a

warm welcome and assured me that they were delighted to have me come to Durham and that they were always glad to have honest competition. Since that time I have practiced side by side with Dr. Edwards, and I find him to be a straight-shooter. He is one of the best dentists in North Carolina. He turns out good work. Nothing gives me more pleasure than to endorse Dr. Edwards of Durham for election to this position.

*Dr. I. R. Self, Lincolnton:*

I have known Dr. Edwards for about thirty-one years. I finished one year before he did, and I want to endorse his nomination and election.

*Dr. S. L. Bobbitt, Raleigh:*

I move that the nominations be closed.

*Dr. Ralph Jarrett:*

I second the motion.

*Dr. J. N. Johnson:*

I would like to amend that motion, with the permission of the man who seconded it, to read that the Secretary be instructed to cast the vote of the Society for Dr. Edwards.

*Dr. Ralph Jarrett:*

I second the motion, with the amendment.

*Secretary Pridgen:*

It gives me great pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. L. M. Edwards of Durham for President-Elect of the Society. (Applause.)

*President Jackson:*

I am pleased at this time to recognize Dr. Edwards. Will you stand up? (Applause.)

The next order of business is the election of a Vice-President. Nominations are in order for a Vice-President.

*Dr. Paul E. Jones, Farmville:*

We have been having a most wonderful time in Chapel Hill. There are two young fellows in Chapel Hill who have worked

hard to make our stay pleasant. I would like to take this opportunity to nominate Dr. J. P. Jones of Chapel Hill for Vice-President.

*The Floor:*

Seconded.

*President Jackson:*

Are there other nominations?

*Dr. Harry Keel, Winston-Salem:*

I move that the nominations be closed and that the Secretary cast the vote for Dr. J. P. Jones, of Chapel Hill.

*Dr. Henry C. Carr, Durham:*

I second the motion.

The motion unanimously carried.

*Secretary Pridgen:*

It gives me great pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. J. P. Jones of Chapel Hill for Vice-President.

*President Jackson:*

Dr. Jones, I am pleased to recognize you. (Applause.)

The next in order is the nomination of Secretary-Treasurer.

*Dr. A. Pitt Beam, Shelby:*

I would like to make a nomination speech, and I will make it very, very short. It gives me a great deal of pleasure to renominate for reelection our last efficient and capable Secretary, Dr. Pridgen. (Applause.)

*The Floor:*

Seconded.

*Dr. J. Martin Fleming:*

I move that the nominations be closed and that the Secretary—that the President cast the unanimous vote of the Society for Dr. Pridgen.

*Dr. Neal Sheffield:*

I second the motion.

The motion was unanimously carried.

*Dr. E. B. Howle, Raleigh:*

Mr. President, I move that the Election Committee be discharged! (Laughter.)

*President Jackson:*

If we don't get some action in ten minutes, I'll discharge the committee.

Quite a few flowers have been strewn today, some not so worthily bestowed—I am talking about myself, Dr. Fleming—but with all due respect to everybody and the work done by everybody in the North Carolina Dental Society in the past year, there could not have been one who could have done better than LeRoy Pridgen. If one of you had written to LeRoy Pridgen and did not receive an answer, you might just have known that Roy didn't get it. He has not laid down on a single job. He has not failed to function at a single place at a single time in any instance. If he has, I don't know it, and I don't believe you do. It is one of the greatest pleasures of my life to cast this, my vote and your vote, and the vote of this Society for LeRoy Pridgen, unanimously again, for the Secretary of the North Carolina Dental Society. I know that Dr. Branch will benefit by having LeRoy Pridgen as his Secretary.

I believe that takes care of all the officers of the Society. The next in line for election is two members of the State Board. Dr. S. B. Bivens died in February and the first in order will be a successor to Dr. Bivens, deceased. Nominations are in order for a successor to Dr. Bivens on the State Board.

*Dr. W. D. Gibbs, Charlotte:*

I would like to place a nomination for a man whom I think most suitably qualified in every respect to fill the vacancy created by the most untimely death of our fellow townsman, Dr. Bivens. I have in mind the name of a man whom I think has honored dentistry in North Carolina. I think of peculiar significance is the fact that the dentists of Charlotte, and I understand this is one of the few occasions if not the only occasion, that the dentists of Charlotte have been unanimous in their desire

that this man should succeed our beloved and lamented fellow-townsmen, Dr. Bivens, whom the All-wise Providence saw fit to remove before the completion of his office. I would like to add just a little personal touch to the man whom I propose to nominate. It has been my peculiar pleasure and distinct privilege to have known him for some six or seven years, and in regard to the service he has rendered the North Carolina Dental Society, I have had the pleasure of being with him in almost every district in North Carolina, and therefore, I am a personal witness to the service he has rendered in North Carolina. I have been with him throughout the State. He has rendered many services to dentistry. His modesty will not permit him to say it. We went down to the Legislature with the other men. It was under his leadership and his own expense we took steps to strengthen the law. It made our law a splendid law, one that makes the practice of dentistry ethical in North Carolina. The law that we had previously, although an excellent law, did not have the teeth in it that it should have had. This man saw that. He was one of the first to see it. It was said it could not be put through because of red tape and legislative delay. That is the law to curb advertising and the unethical procedure of soliciting practice in North Carolina. Few of us realize the debt we owe this man for that service alone. The law was put through and—I do not mean to give him sole credit—he was instrumental and I am sure he was the leading force in it. We owe him many other debts. He has given liberally in his service to the North Carolina Dental Society.

I think that in the office of the Examiner the man we select to examine the future dentists coming into our State should have distinct qualifications. I think above all, this man should be qualified. It is true that it is a political office. However, he should have qualifications for the office. The man I am going to nominate tonight—I know many men qualified by nineteen consecutive years that I have been a member of the North Carolina Dental Society, but there are few who can exceed him in his ability as a student of dentistry. He stands first place in dentistry, both in theory and in the practical part, and I think that in the selection and election of this man whom I hope you will elect that you will not only honor him for the office, but I want to say very frankly that he honors you in the office. Sometimes the office honors the man and sometimes the man honors the office. I have found him such a lovely character that I would like to say more. He is a personal friend, but I

realize what the President has said. I think, though, that when a town of sixty dentists comes unanimously to the conclusion that there is one man they want, it is about as strong a recommendation as he could have. It gives me peculiar pleasure and it is a privilege to place the name of Dr. Ralph Jarrett of Charlotte for nomination to succeed our fellow townsman, Dr. Bivens. (Applause.)

*Dr. V. E. Bell, Raleigh:*

This is one of the happiest occasions of my life. The man I will nominate tonight, I have known for seventeen years. I was in school with him and roomed with him. I know him to be one of the most loyal, sincere, and reliable men I have ever come in contact with. Anything that you give this fellow to do, he will do it, and do it well. He accomplishes what he starts to do. It gives me great pleasure to present the name of Dr. O. L. Presnell, of Asheboro. (Applause.)

*President Jackson:*

Are there other nominations?

*Dr. D. B. Mizell, Charlotte:*

I feel very happy, because it gives me great pleasure to second one nomination that has been placed before this Society. This man has worked hard. He has given unlimited time to the organization of dentistry in this State. He has been tested, tried, and has proved himself worthy and capable. This man whose nomination I wish to second here is a man of honor, a man of ability, one whom all can trust. I wish to second the nomination of Dr. Ralph Jarrett.

*President Jackson:*

Are there other nominations?

*Dr. J. H. Wheeler, Greensboro:*

I want to second the nomination of Dr. Presnell of Asheboro. I have known Dr. Presnell intimately for a number of years and have studied him quite closely. He did not know I was studying him. He has all the qualifications that it takes to make a State Board Examiner. He has poise. He has ability. He never gets rattled and he has that peculiar something that I would like to term foresight. He is constantly looking ahead to see what is best for his chosen profession. Recently he appeared

before the State Medical Society as our representative, and he was received most cordially and his effort before that Society has caused very much favorable comment. I can enumerate many things I know about this man, but I will not take your time to do that. I simply want to add my hearty endorsement to the nomination of Dr. Presnell of Asheboro.

*Dr. John Swaim, Asheboro:*

I was never on the floor of the North Carolina Dental Society in my life until now, but I just had to get up and say a word for Dr. Presnell. He is on one end of the hall and I am on the other, the same hall, the same building. He has a key to my door, I have one to his. If there is anything I need, I get it. He does the same way. I know him personally and very well, and I want to endorse him for this nomination.

*Dr. A. S. Bumgardner, Charlotte:*

I believe Dr. Presnell is from the Third District. He is a fine man. I have nothing but the best regards for Dr. Presnell. We are from the Second District. We elected a President-Elect from the Third District. We elected a Vice-President from the Third District, and now the Third District is asking for a man on the Board from their district. We must get proper representation in North Carolina. We did not ask for any other man. We are solid behind one man. We are not after all the jobs. We agree with you people in the Third District that you have a good man. We have a good man, too. We just ask that you coöperate. We coöperated with you, and that is all we could ask of you. We don't mind giving and taking, but we don't want you to take it all, boys.

*Dr. Geo. C. Hull, Charlotte:*

Mr. President, it gives me great pleasure to endorse the nomination of Dr. Jarrett. I was in college with Dr. Jarrett and I happen to know a little bit of the bringing up of Dr. Jarrett. I feel like Dr. Jarrett is particularly qualified to fill the Examiner's chair and another thing, Mr. President: No one has mentioned it, as you will remember, and Dr. Neal Sheffield kept talking about a preceptor. I don't believe a man in the room has ever had a preceptor that has done as much for dentistry in North Carolina as it has been Dr. Jarrett's privilege and Dr. Charles Alexander. If there is a man in the Society

better qualified to carry on not only in theory but in practice and not only to fight the unethical, the advertising men, but to stand solidly behind the ethical man, I don't know of him.

*Dr. R. M. Olive, Fayetteville:*

It seems all the speakers for this nomination are from Charlotte. I would like to add a word from another district, another town. I agree with Dr. Amos Bumgardner, that it seems like we are taking things away from the Second District and Charlotte. It is true that the other man is a good man. I haven't had the opportunity, of course, of coming in contact with a practitioner as I have with Dr. Ralph Jarrett. I know the Charlotte men quite well, and they are all good men. You won't find a better man than Ralph Jarrett. There is not a straighter shooter than Ralph. He will lend dignity to his local society and to our State organization. I wish to second his nomination.

It was moved and seconded that the nominations be closed.

The motion was carried and the members were instructed to be prepared to vote.

*Secretary Pridgen:*

Before we begin to vote, I would like to suggest that Dr. Mizell be accorded the privilege of naming someone to vote for him, on account of being crippled.

*President Jackson:*

We will allow Dr. Mizell to cast his ballot by writing the name of his candidate upon a piece of paper. It will be counted.

The members voted.

I declare the ballot closed. The committee will give us the results, and make it snappy.

Nominations are in order for the place now held by Dr. D. E. McConnell on the Board.

*Dr. J. N. Johnson, Goldsboro:*

I would like to put in a nomination for a young man who stands mid-way on the threshold of life, at that age wherein his mind is seasoned by a sufficient number of years to make him worthy and qualify him not only as an examiner, but as a practitioner. He is a man, he is a gentleman, he is without an equal that I know of, and certainly he has no superiors. He has the voice of a gentleman, the actions of a gentleman. The brain within his cranium is well qualified to execute the duties

of examiner. I say to you with all sincerity that the most important position of any within the gift of this organization is that of your Examining Board. It is the guardian gate of the profession. It stands between you, and not only you but the people, and observes the law, and judges the temperament of young men who apply for license, and to judge wisely and well is indeed a thing to be considered when you make a man an Examiner. I put in his nomination. He is not an old man. He is not a young man, but a man well qualified. Dr. William F. Bell of Asheville, North Carolina.

*President Jackson:*

At this time we will hear the report of the Election Committee. Dr. Howle.

*Dr. E. B. Howle, Raleigh:*

Gentlemen, we declare that Dr. Ralph Jarrett has been elected. (Applause.)

*President Jackson:*

I declare Dr. Ralph Jarrett elected. Are there other nominations?

*Dr. S. R. Horton, Raleigh:*

I would like to second the nomination of Billy Bell of Asheville for the Examining Board. I think he is temperamentally and intellectually qualified for this position. That is about all you can say of any man. I think he is dependable. I believe if he is put on the Examining Board he is going to fill his niche with honor and he is going to reflect honor on this Society. Dr. Billy Bell has some particularly close friends, and they know him well. He is true blue and well worth your confidence.

*President Jackson:*

Are there any other nominations?

*Dr. R. A. Little, Asheville:*

Ladies and gentlemen: With all due respect to my friend Billy Bell and I don't think I have any better friend, there comes a time in the affairs of the Society and the State Board of Dental Examiners when there must be fire. I want to say in this last proposition we had coming before the State Board of Dental Examiners there was no man who stood more staunch

for what was right than the man I am going to nominate to succeed himself, Dr. D. E. McConnell of Gastonia. At the time when we needed men who have backbone, he was there. This was not an easy fight, gentlemen. This was not a thing you could pass over easily. There are some men in this house who know something about what we went through with up in Asheville. I would not do a thing that would hurt my friend Billy Bell in his race for the Board of Dental Examiners. I know he is a good man. There is no better in the State of North Carolina. But I do know that no man has done his duty more nobly than Dr. McConnell of Gastonia and I think that this Society owes it to him to reëlect him to this position. I know that Dr. McConnell went out of his way to help us in this case, and we have got numerous cases like that in Asheville. There are men probably in North Carolina in this Dental Society who do not know as much about that as you men who have been on the State Board. It is a hard proposition for men to face. This man came down before the State Board and made his own argument. I felt sorry for him. I feel sorry for him now. He made a plea that would almost bring tears to your eyes, and if you would believe what he said about it, you would be bound to turn him loose, and yet Dr. D. E. McConnell was one man who stood staunch with the committee from Asheville in prosecuting this man. I nominate Dr. D. E. McConnell of Gastonia.

*Dr. Harry Keel, Winston-Salem:*

I would just like to endorse the nomination of Dr. Bell. Talking about fair play that Dr. Little started off with: You fellows that like to bird hunt and go fishing will appreciate this. Dr. Bell is a man that if you go hunting, and you both shoot at a bird, he never hits it. You always hit it. He is the fairest man in the world. I don't think there is any question about it at all. There is not a man in our Society more qualified to examine young men than Billy Bell. He is a man that wants to give everybody a fair deal. I endorse his nomination.

*President Jackson:*

I declare the nominations closed. You will prepare to vote.  
The members voted.

The next in order for nomination is one delegate to the American Dental Association in Chicago.

*Dr. J. H. Wheeler, Greensboro:*

I am nominating our present President to represent us. I think he is the proper man to do it.

*The Floor:*

Seconded.

*Dr. J. Martin Fleming, Raleigh:*

I move that the nominations be closed and that Dr. Wheeler be instructed to cast the vote of the Society.

Dr. Fleming put the question and the motion was unanimously carried.

*Dr. J. H. Wheeler:*

I take pleasure of casting the unanimous vote of the Society for President Jackson. (Applause.)

*President Jackson:*

I don't believe the election was right. I think it is all wrong.

*Dr. J. H. Wheeler:*

You are elected. Shut up! (Laughter.)

*Dr. J. Martin Fleming:*

We will do it over if you say so.

*President Jackson:*

The next order is the nomination and election of three alternates to the A. D. A. meeting. Each delegate is elected for three years. We have two already. At this time we must elect three alternates in the event that some delegate should be sick and could not go.

*Dr. R. A. Little, Asheville:*

I would like to place a nomination for Dr. Nat Maddux of Asheville. He is going, I know that.

*Dr. C. E. Minges, Rocky Mount:*

I would like to place the name of Dr. Paul Jones, the man who has religiously attended the National meeting for several years.

*President Jackson:*

There is one other nomination.

*Dr. R. M. Olive, Fayetteville:*

I would like to nominate Dr. C. C. Poindexter of Greensboro.

*Dr. J. Martin Fleming, Raleigh:*

I move that the nominations be closed and the Constitution suspended, and that these three men be elected unanimously.

The motion was unanimously carried.

*President Jackson:*

I declare these three men elected alternate delegates to the A. D. A. meeting.

We will now have the report of the Election Committee.

*Dr. E. B. Howle, Raleigh:*

Your committee wishes to report that Dr. Bell of Asheville has been elected to the Board of Dental Examiners. (Applause.)

*President Jackson:*

Dr. Bell having received a majority of the votes, I declare him duly elected to the Board of Dental Examiners.

The next order is the selection of the place for the meeting in 1934. Long speeches won't get the Convention. Tell us where you want to go.

*Dr. R. A. Little, Asheville:*

It is a time-honored custom of folks from Asheville to invite you up there. We can get a real rate out at the Grove Park Inn and can make that headquarters. Don't let the name scare you. We can get a good rate and we want you to come up to Asheville again and we will be glad to have you. I move that the nominations be closed and that we go to Asheville.

*Dr. I. R. Self, Lincolnton:*

I second the nomination that we go to Asheville.

*Dr. Ralph Jarrett, Charlotte:*

I would like for this Society to meet in Charlotte next year. It is a good place, suburb of Gastonia. (Laughter.)

*Dr. D. B. Mizell, Charlotte:*

I second the motion that we meet in Charlotte.

*President Jackson:*

Asheville and Charlotte. Any other towns?

*Dr. H. L. Keith, Wilmington:*

The Wilmington dentists invite this Association to meet at Wrightsville Beach next summer.

*Dr. R. A. Little, Asheville:*

Will you Asheville dentists please refrain from voting for Wrightsville Beach as usual? (Laughter.)

*Secretary Pridgen:*

I have numerous invitations here. I have an invitation from my home town. "Please present to Convention on behalf of the Chamber of Commerce and the people of Fayetteville a warm-hearted invitation to hold next year's Convention here."

I have a telegram from Charlotte Chamber of Commerce inviting us to go there, and also have a letter from the Chamber of Commerce there.

Here is one from the Asheville Chamber of Commerce urging us to meet at Asheville.

We have another one from Pinehurst, the Carolina Hotel, urging us to meet over there.

Here is one from the Oceanic Hotel at Wrightsville Beach, urging us to meet there.

Here is another one from the Wilmington Lions Club. The Wilmington Chamber of Commerce wants us to meet there.

Here is one from the Seashore Hotel at Wrightsville.

The Tide Water Power Company wants to ride us over to the beach.

The town of Wrightsville Beach wants to look after us.

The Walker Taylor Insurance Company wants to insure us while we are there.

*President Jackson:*

I would like to remind you that time the date of meeting will be set by the Executive Committee. Your Executive Committee did not have anything to do except to come to Chapel Hill when they could take care of us. We came just as soon as they could accommodate us.

*Dr. J. C. Watkins, Winston-Salem:*

I move that we go to Wrightsville Beach if the Executive Committee will fix an agreeable date for the meeting.

*Dr. Neal Sheffield, Greensboro:*

Since there has been no invitation from Greensboro, I would like to read a telegram: "Greensboro Chamber of Commerce, Merchants Association, and city officials cordially invite the North Carolina Dental Society to hold its next meeting here. Assure adequate facilities and full coöperation toward making meeting thoroughly successful." It is signed by the Chamber of Commerce, the Merchants Association, Roger W. Harrison, Mayor, and by the Chief of Police.

*President Jackson:*

Are there any other invitations? (Pause.) Let's vote on it.

*Dr. H. O. Lineberger, Raleigh:*

I think the North Carolina Dental Society is entitled to a little information as to prices. I haven't a thing in the world against Asheville, but I don't think it is fair for us to go to their city and have the hotel people put up the rates for the members of the Society and make them pay one dollar more instead of one dollar less, and then tell us the reason is that we used the ballroom. I think we should have an understanding about that.

*Dr. R. A. Little, Asheville:*

May I remind Dr. Lineberger we are kind of used to having conventions come to Asheville. As a matter of fact we have some come there with fifteen hundred to two thousand men. No hotel in Asheville has ever gone up on any rate for conventions and I want to assure you that regardless of what you might think about it, we can get a good rate at the Grove Park Inn, one of the leading hotels in the South. I can tell you it will be lower than the rate you would pay at Pinehurst. I know that for a fact. I did not come down here with any descriptive literature and telegrams from the various ministerial bodies inviting you up there, but I am sure the Chief of Police of the town would be glad to see you. The mayor would too, and various other people. People are used to coming to Asheville; and we put on a big show for them when they do come.

*Dr. P. E. Horton, Winston-Salem:*

I move that the whole question be left to the discretion of the Executive Committee and that it have full power to act.

*Dr. J. N. Johnson, Goldsboro:*

Before that motion goes into effect, I would like to read a telegram I received: "Hotel Goldsboro extends invitation to the Dentists Association to meet here in 1934. They will be charged a minimum rate. There is ample accommodation for headquarters and banquet." We trust that you will meet with us. I want to say that we haven't got a Chief of Police down there, but old J. N. Johnson is down there and, by gosh, he extends a cordial invitation from the bottom of his heart. If you come down there, I will see that you have a good time. I will even see that old J. Martin Fleming gets a grapefruit! (Laughter.)

*Dr. A. H. Fleming, Louisburg:*

I second Dr. Horton's motion.

*President Jackson:*

You have heard Dr. Horton's motion and Dr. Arthur Fleming's second. It was that the meeting place and time for the meeting be left up to the Executive Committee. Is there any discussion?

*Dr. A. H. Fleming, Louisburg:*

I am opposed to that, due to the fact that these things come up on the floor and they should be settled on the floor. If we have to pay high rates, sleep in a boarding house, or sleep in a barn, let's decide this thing here and now, and know just where we do go.

*Dr. P. E. Jones, Farmville:*

I doubt the wisdom of that procedure. Were I on the Executive Committee, I would not wish that thrust upon me as a member. This body of men is supposed to select a meeting place. It is our duty under the By-Laws to select a place. Don't push an additional obligation and responsibility upon the Executive Committee. I think it would not be fair to push it off on them. I make that amendment to the motion.

*Dr. R. A. Little, Asheville:*

May I remind the Chair that there is no choice in this matter. We have to select the place. The Executive Committee may change it, but we must decide on the place here.

*President Jackson:*

I will rule with Dr. Little.

We will proceed to vote.

*Dr. R. A. Little, Asheville:*

I move that we vote on the last place first. Vote starting at the bottom and go up.

*President Jackson:*

We will vote on Goldsboro first. All those in favor of having the meeting at Goldsboro will please stand and be counted.

*Dr. J. N. Johnson, Goldsboro:*

I am not asking you to go there just for the pleasure of asking, but inviting you from the bottom of my heart. We won't charge you six or seven dollars a day. We can sleep and feed you on two dollars a day, and give you just as good a time as anybody.

*President Jackson:*

That man called John Johnson can select one of the best steaks you ever bit into.

The next place to Goldsboro was Fayetteville. Stand and be counted.

The next place was Pinehurst. Stand and be counted.

As many in favor of going to Greensboro will please stand.

All in favor of going to Charlotte will please stand.

All those in favor of going to Wrightsville Beach will please stand up and be counted by the Secretary. (Applause.) Remain standing until counted.

All that favor going to Asheville please stand.

*Dr. R. A. Little, Asheville:*

Thank you, brother. I thank you.

*Dr. J. Martin Fleming:*

Inasmuch as Wrightsville Beach had the majority of the votes, I move that we make it unanimous.

*The Floor:*

Seconded.

*President Jackson:*

You have heard the motion.

The motion was put and unanimously carried.

What is your pleasure at this time?

*The Floor:*

Adjourn!

*Dr. J. W. Whitehead, Smithfield:*

I move that we take up a collection to buy Dr. Phin Horton a bathing suit so he can go in the surf! (Laughter.)

*President Jackson:*

The meeting of the House of Delegates is called off until tomorrow.

At 10:35 o'clock p.m., Wednesday, June 7, 1933, the meeting adjourned.

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### THIRD DAY—THURSDAY, JUNE 8, 1933

#### GENERAL SESSION

The meeting was called to order at 9:05 o'clock a.m., at Hill Music Hall, by President Wilbert Jackson.

*President Jackson:*

The North Carolina Dental Society will please come to order. I will ask Dr. Pridgen to introduce our next speaker.

*Secretary Pridgen:*

Mr. President, members of the Society, ladies and gentlemen: It has been my privilege to know our next speaker some seventeen or eighteen years. We were class-mates at dental college. I remember him as one of the outstanding members of that class. I recall even then his interest in the field of dentistry about which he will talk to you this morning. That interest

has continued throughout these years until he has developed a special technique for dental casting which in my opinion is a most valuable contribution to dental science. I take great pleasure in presenting Dr. J. V. Turner, of Wilson.

*Dr. J. V. Turner, D.D.S., Wilson:*

#### FLASKLESS CASTING, OR A METHOD OF OBTAINING UNRESTRICTED INVESTMENT EXPANSION

Mr. President, members, and guests of the North Carolina Dental Society:

As a preamble to my paper, I wish to state, as did Dr. Taggart in his paper, "Investment Materials," read before the Chicago Dental Society and printed in the July, 1927, issue of the *Journal of the American Dental Association*, that I have interests in the field of dental manufacture and am a practicing dentist; and like him, I come, not in the rôle of manufacturer but as a dentist, to bring to my fellow practitioners the results of many years of effort to improve inlay casting. However, I am conscious of the embarrassment that this dual rôle imposes; and, in defense of my position, I wish to state that I am a manufacturer only because there was no other way to get this technic across to you. Not until rejected by all manufacturers did I turn to this field myself, and then only to make the necessary material available. Due to the radical departure from accepted casting procedure, it was necessary that I assume the financial as well as the professional responsibility for the technic that I now bring; and, whatever the motive you may ascribe, I am sincere in the hope that my findings may prove to be a contribution to the art.

The purpose of this paper is to set forth the development of a new technic termed "Flaskless Casting" and call your attention to some of the features embodied therein. This technic is for inlay or single tooth restorations. There is a great distinction between this field and that of larger castings; for in the field of removable bridgework we have tissue displacement, tooth movement, and some degree of elasticity or spring in the appliance itself, which does not necessitate the exactitude of adaptation required of the inlay and three-quarter crown. In the field of single tooth restorations we must adapt a rigid, unyielding cast to a tooth of virtually rigid, unyielding structure, without even one compensating variable that may come to our rescue; and yet, the degree of success in this work largely depends upon the degree of adaptation secured.

While successful inlay work requires the observance of known fundamentals at the chair, this paper is limited strictly to a consideration of laboratory procedure alone.

In the laboratory, we strive to secure a good casting with smooth surfaces that may be accurately adapted to the prepared tooth. The importance of this effort is revealed in the great amount of research work done in this field and the space given to this subject

in our dental literature. Despite the progress made, there is no other phase of our profession so torn with conflict of opinion as that of inlay casting. The maze of technics submitted is sufficient evidence that simplification is clearly to be desired.

The great casting problem has been that of obtaining sufficient expansion to compensate for the shrinkage encountered. We have three expansion factors at our command; namely, wax, setting, and thermal, but recognize that internal stresses may accompany them. Too, working with many variables tends to confuse and make tedious the technic; hence the recent trend has rightly been toward the development of sufficient expansion in the thermal expansion of the investment alone, and this goal has been reached in the technic I now submit.

In experimental work, I preferably use a die of my own design, which is simply a cylinder hole one-quarter inch in diameter through a piece of steel of the same thickness. The design of my die is such that it allows accurate micrometer measurements of both the wax pattern and the resultant casting.

Working in the laboratory, with all equipment and materials at room temperature, I eliminated the wax shrinkage that takes place when the pattern is invested at lower than mouth temperature; but I observed a shrinkage that has not been given the recognition that its constancy and degree warrant. While this shrinkage has been mentioned in dental literature, prevalent opinion erroneously holds that the wax pattern, in correct procedure, may be perfectly adapted to the tooth structure. In their paper "A Specification for Inlay Casting Wax,"\* the authors, Taylor, Paffenbarger and Sweeney of the Bureau of Standards, outline the direct inlay process for making wax patterns and immediately following, we find this statement: "This procedure, if properly carried out, should give a wax pattern which is the exact size of the cavity at mouth temperature." This is error. In the laboratory, cylinder wax patterns were made in a room temperature of 96 degrees Fahr., which, immediately upon their removal from the die, revealed a minimum shrinkage of .25 per cent. This adaptation shrinkage, as I term it, must be even greater in the mouth, for in using the die, pressure was exerted at both ends in an ideal manner not allowed at the chair. We have then a shrinkage in the wax pattern before it is removed from the tooth, of at least .25 per cent except, of course, in the crown or like preparations that do not permit this shrinkage.

To the known gold shrinkage of 1.25 per cent must be added the .25 per cent adaptation shrinkage of wax, and a further wax shrinkage if invested at lower than mouth temperature. All of this gives a total shrinkage greater than the maximum thermal expansion found in any investment material now available. The problem, then, was to secure greater thermal expansion in the investment material.

Experiment revealed that increased expansion could be obtained by increasing the density of the mix; and with the knowledge that the core formation around the wax pattern gives the greatest density

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\**Journal*, A. D. A., January, 1931.

obtainable, I sought some means for giving this core unrestricted thermal expansion and obtained it by investing the core in dry sand, using a closed end flask with sufficient investment above to form the necessary sprue and crucible. The core, freed in this manner, at red heat down the sprue, gave castings that were not only large enough, but there was actual over-expansion.

Convinced then that, with restriction removed, thermal expansion, adequate for our needs, could be obtained, a casting machine was designed that would allow the complete removal of the casting ring which is known to restrict investment expansion.

Experiments were then made with high expansion investments, in which two castings would be made under identical conditions, except that in one case the ring would be removed, and this flaskless case would reveal an expansion approximately 1 per cent greater than that of the casting made in the ring. It was also revealed that, when the core was used, restriction was imposed by the thin outer mix, even with the ring removed, this being due to the outer investment having less expansion than the core. In addition to this problem, cracking or checking was encountered when the unsupported investment was subjected to high temperatures; this, to the extent of making the technic impracticable.

To overcome these problems, a new investment material was developed and a silica compound formulated to increase expansion and prevent checking in the outer investment. In making the core, the investment material is used alone; but for the outer or supporting investment a mixture of equal parts of investment material and silica compound is used; and this must be worked as stiff as putty so that it has to be tamped, rather than poured, around the core.

This enormous increase of silicon content, together with the density secured in working it stiff, produces an outer investment of such expansion that it imposes no restriction upon the core and one that will stand up under high temperatures without cracking or checking in the least. There need be no fear of rupture or cracking under casting pressure; for it is difficult to crush this dense material with the laboratory tongs, even after the cast has been made. In fact, this block of unsupported investment will withstand practically as much abuse from dropping and rolling around as though the ring were around it.

While dimensional expansion has been the goal sought in technics submitted, it is evident that in inlay work there are three distinct types that require variation in expansion. The first type is the simple inlay which is limited to one surface of the tooth and, being entirely surrounded by tooth structure, must be slightly less than dimensional to seat properly. The second type includes inlays involving more than one surface, and, for these, dimensional expansion is indicated. The third type embraces all overlay preparations—such as full or three-quarter crowns and orthodontic bands. Castings of this type obviously require slight over-expansion. These types are represented by the three steel dies shown (Fig. 8).

When using the technic and material submitted, the dense core formation, at bright redness down the sprue, gives slight over-

expansion. With the known fall in temperature, ascertained by Dr. W. S. Rice,<sup>†</sup> as being approximately one degree Fahr. per second, that takes place in the mold when removed from the oven, the operator may, by the simple expedient of timed delay, secure any amount of reduced expansion desired. This, however, must be determined by each operator, due to the variables found in speed of work, reducing flame, etc. My rule is to cast simple inlays when the sprue approaches dull redness, compound inlays at cherry redness, and overlay preparations at bright, glowing redness down the sprue.

In this technic, a properly formed core is fundamental. My method is to place four drops of water in a clean plaster bowl, adding enough investment to make a mix just too stiff for pouring. This is spatulated by hand and spread thin upon the side of the bowl to avoid air bubbles; after which it is scraped off upon one edge of the spatula, vibrated to the end, and delivered to the wax pattern, and vibrated to surround it in the usual manner; then the core is quickly rotated in dry investment and quickly withdrawn to vibrate until moisture flashes upon the surface. This procedure is repeated until moisture cannot be brought to the surface. The core is then laid aside until the outer mix is made.

The outer investment, composed of equal parts of silica compound and investment material, is mixed thick, almost to the point of crumbling, never thinner than putty. Using the fingers, place, in a well oiled sectional ring seated on an oiled glass or metal base, enough of this mixture to fill the ring about one-third. Make an indentation in the center in which the core, by means of the sprue, is seated (Fig. 2), and add the rest of the investment until the ring is completely filled. The mass is then solidified by exerting pressure upon the surface with the thumbs (Fig. 3) until moisture appears at the base and the mixture feels more plastic. After setting takes place, the crucible is formed by trimming out to desired depth around the sprue (Fig. 4), and applying a coating of crucible paint (Fig. 5) to fix any loose grit and prevent possible contamination. The sprue and sectional ring are then removed (Fig. 6), and the case is heated up in the usual manner for casting. The cross-section (Fig. 7)) shows the position of the core, crucible, etc., in a case properly invested.

This technic seems to be a solution for many of our casting problems. When considering its scientific relationship to the art, it is evident that the immediate formation of the core around the wax pattern reduces distortion from this source to a minimum. Also, this core of maximum density and minimum porosity must necessarily produce smooth castings unexcelled in this respect. Further, in addition to the elimination of wax and setting expansion, the expansion utilized is freed from all possible stresses by the removal of the ring and the restriction formerly imposed by the outer investment. Full compensation for all shrinkage encountered, is provided by means of the expansion variable deemed most desirable, namely, the thermal expansion of the investment alone.

<sup>†</sup>Rice, "Dimensional Dental Casting," *Journal, A. D. A.*, July, 1931.

When considered as a time saver, it is evident that the simple steps outlined may be performed quickly and easily by anyone. The time spent with weighing devices, mechanical spatulation and slow setting at exact temperature is conserved in this technic that avoids all such procedure. Too, the removal of the ring allows more rapid heating up, and greatly facilitates the removal of the investment after the cast is made.

From an economic standpoint, the technic dispenses with weighing devices, mechanical spatulators, casting rings, crucible formers, asbestos lining, water bath equipment and special wax eliminators and ovens. In fact, the only equipment required, aside from the machine and ring used in all technics, is your plaster bowl and spatula. (Applause.)

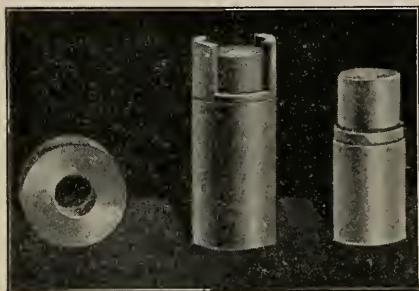


Fig. 0



Fig. 1

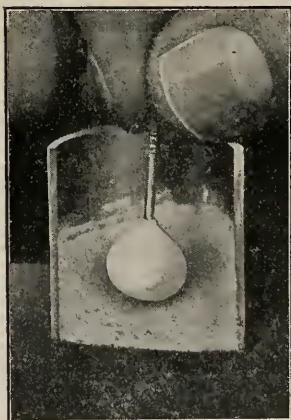


Fig. 2

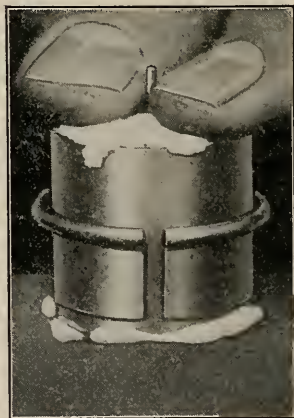


Fig. 3

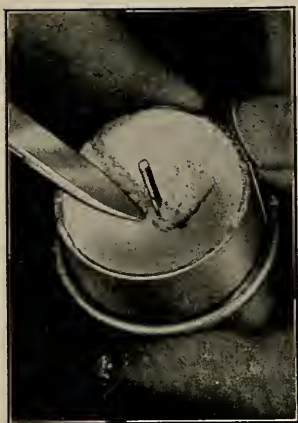


Fig. 4

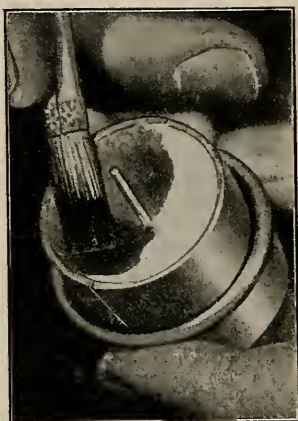


Fig. 5

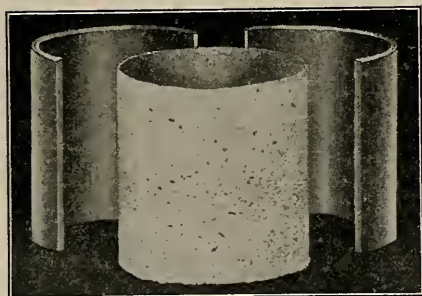


Fig. 6



Fig. 7

*President Jackson:*

We wish to thank Dr. Turner for the splendid presentation of his paper. We are going to divert from the usual procedure at this time and have discussions of the paper by our own men. I will call on Dr. John Johnson.

*Dr. J. N. Johnson, Goldsboro:*

Mr. President: The great artist is he who with the means at hand can express a greater thought or, given the same materials, can do a better piece of work than those about him have been able to accomplish.

Innumerable apples had fallen on the heedless heads of men before Newton, seeing an apple fall, fixed for all time the law of gravitation. Everybody knew that a weight suspended by a cord would swing until brought to a stop by wind resistance and friction; but it remained for Galileo, watching a lantern swinging in the cathedral at Pisa, to discover the simple principle of the pendulum.

We have in our own State a dentist, who, with the ordinary means at hand, has given to our profession the simple but perfect technic of flaskless casting. Here is a man who will go down in dental history as a great genius. Why? For this reason: While others have belabored with scientific instruments galore and equipment without end, this man, with his plaster bowl and spatula and a micrometer, has developed a technic that gives us every degree of expansion desired in our inlay work and at the same time a technic that is not beyond the grasp of any dentist.

My interest in the work Dr. Turner is doing was intensified by questions concerning his technic that were asked by some of the leading men of the Middle West and North while attending the Buffalo meeting of the American Dental Association last September. I have had too many failures, like my audience, not to be sufficiently interested to investigate this great work in casting, developed by my fellow North Carolinian, a brother dentist, and a member of my district and State Society. I say, unhesitatingly, that his technic is based on the fundamental and unchanging laws of physics, as illustrated by the slides he has shown and that within a short scope of time, not only his State, but the eyes of the dental world will be focused upon his accomplishments. I make this unreserved statement after having experimented with every method of casting, and my opinion is based on the results that I have obtained.

I agree, in principle, with all that Dr. Turner has set forth in his paper. Any dentist who works for fifteen years to accomplish the perfection of a method that, in application, overcomes the greatest of difficulties, is worthy of having his name in the Dental Hall of Fame.

The benefits of this technic will reach down to enrich every dentist in the world and will be the heritage of the dental profession for all time to come. (Applause.)

*President Jackson:*

At this time, I wish to present Dr. Paul Jones in a discussion of this paper.

*Dr. P. E. Jones, Farmville:*

Mr. President and Fellow Members of the North Carolina Dental Society and Guests: I have listened to Dr. Turner's paper with a great deal of interest, having had a great deal of experience in cast fillings and crowns (to which his technique particularly applied), and more unsolvable problem, in this field than most any other branch of dentistry, to which I have applied any special effort. I have recently had the opportunity to study, as well as experiment with the

technic and materials, and the procedure he has just outlined. I have done this in comparison with several of our most popular inlay investment materials, and the results obtained by the proper application of prescribed technic recommended for each material, as, near as, I was able to interpret and follow. I went into this comparison with the full determination, to prove or disprove, to my own satisfaction, the contention of Dr. Turner, I remember a conversation I had with one of my professional friends in which I was telling him about the Turner technique and materials, and the fun that I was getting out of experimenting with them. I told him that I was sure that I had him whipped on the contentions that the ring restricted the expansion of the mold as I had found that on heating up investment of some of the materials, I could expand the ring, enough to slip entirely off of the investment and doubtless some of you have had the same experience. However, I found on further investigation that this had no significance when I compared the resulting casting. I would like to draw your attention to the unusual simplicity of the technique of Dr. Turner. In fact it is so simple that it permits of very little cause for discussion and is extremely desirable in comparison with the other complicated procedures which to say the least are time consuming and tedious. It is admitted that much progress has been made in inlay, casting and technique in the last few years, but most of them have been so complicated and involved the purchase and installation of a great deal of minute scientific apparatus that only a specialist could accurately operate, making them unavailable, and of no value to the busy general practitioner of today. The larger part of all dental castings will always have to be done in offices carrying on a general practice. Therefore a simplified speedy and result producing technic that is readily adapted to the needs of and easily mastered by the general practitioner of dentistry, is greatly to be desired. This simple technic outlined by Dr. Turner comes nearer solving for me the perplexing problem of a sure fit casting than any I have yet tried. I prefer to complete and set all my castings at one sitting where practical, and I must have an investment material that I can mix quickly that sets rapidly and will permit of fast heating to the desired degree for casting, without cracking. I can save at least fifteen or twenty minutes with the Turner investment over any other. The second in time required to manipulate is standard, third whip mix and SSW. Fourth R. R. Gray and fifth and last Kerr's Cristobalite. I find however, that I can make the most accurate casting with the Turner investment, second with cristobalite, third R. R. Gary, fourth standard, fifth whip mix and SSW, so it seems when I consider all the advantages and disadvantages of the aforementioned materials. I shall have to limit my field at least for the present to Turner Flaskless and Kerr's Cristobalite, and I much prefer Turner Flaskless as it is much simpler more quickly manipulated and not fraught with the danger of blowing up as is cristobalite if heated too fast or too quickly. I believe Dr. Turner has outlined the most simple result producing technic yet advanced and certainly one that is easily and quickly performed by anyone, interested in improving his casting. I have been using one of the Turner casting machines

for a number of years and prefer it over all others as it is of the simplest possible design and allows the shortest lapse of time in casting since the cast is merely placed on the machine as it would be on any flat surface and as quickly. The machine is readily adapted to use with the other materials and technic as I have pointed out above. I should like to ask the question as I note that there is considerable difference in the weight of the materials used in making the outer investment, the compound being decidedly the heaviest and I should like to ask the essayist if he means by weight or volume. When he says use equal parts of these materials; also since these materials are furnished separately. I should like to know if there is any objection to mixing up, say a quantity ahead for convenience, or must they be combined in each case just before using. (Applause.)

I would like to ask Dr. Turner if the size and extent of his core that he invests in this outer investment makes any difference in the resulting casting or expansion in the heat-up?

*President Jackson:*

Dr. Clyde Minges will read his discussion.

*Dr. C. E. Minges, Rocky Mount:*

Some time ago I attended a group meeting of the Fifth District of the North Carolina Dental Society, at Wilson, N. C., and as a part of the program, was invited to Dr. Turner's office to witness a demonstration of his flaskless casting technic. At the conclusion of the demonstration, Dr. Turner asked if I would take some materials (I have been using a Turner Casting Machine for some time) and make a few experimental castings. With considerable doubt in my mind, I agreed to do this, but stated to him that, inasmuch as he had shown the good points of his technique, the purpose of my experiments would be to discover the defects and bad features in it.

After making several excellent castings, I outlined this flaskless technique to my office assistant and to a laboratory technician of our city. I requested them to make several experimental castings and report to me. Their reports were very enthusiastic, and the castings they exhibited were indeed excellent.

In giving this technique to them, I stressed the point that the important thing was to get a good solid core regardless of method, and told them that it was immaterial to me whether they vibrated the material to the end of the spatula, as outlined by Dr. Turner, or applied with brush as advocated by others. They tried both methods with gratifying results. My thought, in requesting them to digress from the technique outlined, was that whereas Dr. Turner's method might be ideal in his hands, other operators may prefer and employ different methods. In this connection I should like to ask Dr. Turner, if, in his opinion, the operator can safely vary the technique for making the core, or must he conform strictly to the technique outlined wherein a mix too stiff for pouring is vibrated

to end of spatula and transferred to the pattern. Another digression from the old order of things is that Dr. Turner rolls his core in dry investment while condensing, whereas other technicians advocate sprinkling or dusting the investment on the pattern between periods of vibration. I should like to ask Dr. Turner if, in his opinion, there is any material difference between these two methods.

I have purposely limited my discussion to the practical appeal of this new technique. While there are scientific advantages that flaskless casting obviously affords over other methods, I say to you that this technique should commend itself to you from an economic and time-saving standpoint. As Dr. Turner has pointed out, and my experiments bear out his assertions, you save the expense of replacing burned out rings; you save on the amount of investment used; and you save further in the reduced equipment expense that this technique makes possible.

To those of you who may be skeptical as to the strength of the mass after the ring is removed, let me immediately allay your fears. After a flaskless case has thoroughly set, you can drop it from a point above your head to the floor without damage. I have tried this many times and have never succeeded in breaking one. In fact, I contend that this safety from mold fracture is an outstanding feature; for, should the outer part be broken away, you can reinvest the core and go right on with the cast. How many of you have dropped an ordinary ring casting in the act of transferring the case from the oven to the machine, resulting in the cracking of the investment within the ring, and as a consequence have several rough feather-edged processes extending from your inlay, making it necessary to do the whole job over? This has happened to me many times.

Gentlemen, I am not a prophet, nor am I the son of a prophet, but I do hazard the prediction that in the years ahead this technique, given by Dr. Turner, will be heralded throughout the civilized world as the greatest advancement made in inlay casting since Dr. Taggart gave us the inlay. Dr. Turner has worked tirelessly and unselfishly for many years, and has given to us and to dentistry something to be proud of. His name will go down in dental history among the immortals, and I am glad to be among the first to proclaim him. (Applause.)

*President Jackson:*

Thank you, Dr. Minges. I am going to ask Dr. Howle at this time to present his discussion.

*Dr. E. B. Howle, Raleigh:*

I believe Dr. Simpson of Richmond was to discuss this paper, and he could not be here. He sent his discussion, and with your permission, I will read Dr. Simpson's discussion of the paper.

"The essayist has presented a paper that is a credit to himself, his State, and his profession. It shows the result of years of careful research and common sense. The defects of other techniques have

been reduced, and we have in his machine, his split rings, his materials, and his technique a coördination that is a real benefit. I invented and used the first perpendicular centrifugal casting machine, but abandoned it because the essayist's machine is easily superior to any other type for inlays and crowns. His idea of flaskless casting should supersede all others in the hands of careful men. I am grateful debtor to Dr. Turner because he has made my inlay work easier and better." (Applause.)

Gentlemen, I do not know that I can add anything to the excellent discussion of this paper which you have already had. I do wish to thank Dr. Turner for this presentation of the subject. I was very much impressed by the modest way in which he presented the subject. He does not claim he has a perfect technique and does not claim that he can make a perfect casting. A perfect casting will be made when all variables have been perfectly coördinated. These variables differ from time to time and place to place, and if ever there is a perfect casting made, it will be done when the individual dentist takes into consideration the peculiar conditions that surround the office in which you have made that casting.

Dr. Turner has been working on this idea for years. He has been most modest in his claims. I feel that Dr. Turner is due the confidence and support of this organization. (Applause.)

*President Jackson:*

Thank you, Dr. Howle. We will ask Dr. Turner to please close the discussion.

*Dr. Turner, Closing:*

I am grateful for the interest manifested in my technic and paper. I especially want to thank those who have discussed the paper, for the kind references, and for the work they have done in the investigation of this technic prior to the meeting. These men have labored in this for the sole purpose of arriving at truth. And, aside from any relative merit of this technic, they have rendered an unselfish service to their profession in the hours given to the study of this technic in their laboratories and in study club work.

Answering, broadly, the questions asked, I wish to state that I claim no monopoly of method concerning this technic, which really allows many variations of expression. As Dr. Minges stated, the important thing is the dense core formation around the wax pattern. I see no objection to applying the investment with the brush rather than vibrating to place. Vibration allows the use of a thicker mixture than the brush; and my observations lead me to employ a mix just as thick as I can conveniently vibrate to place. About the only

difference between rolling the core in dry investment and sprinkling the investment on is that the rolling operation is quicker. In fact, this rolling in dry investment must be done very quickly and withdrawn promptly, lest the rapid extraction of water from the core produce spaces or roughness. With the average operator, sprinkling the investment on between periods of vibration may prove to be the better of the two methods.

The proportion of the two materials used for the outer investment should be equal parts by volume. There is no objection to mixing a quantity ahead for convenience, since these materials are furnished separately for their wider scope of usefulness.

*Dr. P. E. Jones, Farmville:*

I would like to ask if it makes any difference whether you made up this investment each time, or whether you could mix some and keep it for another time.

*Dr. J. V. Turner:*

It really makes no material difference. You may mix any amount that you desire. You should make a distinction between the ordinary mix and the outer mix.

In closing, I want to say that I have a technique that I have worked out. It is simple, and I hope that in the hands of the average operator it will assist him to overcome some of his casting problems. (Applause.)

*President Jackson:*

Thank you, Dr. Turner. I wish to recognize Dr. Spurgeon at this time to present the next speaker.

*Dr. J. S. Spurgeon, Hillsboro:*

Mr. President, our next speaker needs no introduction to North Carolina dentists. However, I do wish to say that as Dean of the Medical Department of the University of North Carolina, he and his other workers in Chapel Hill are not surpassed in their effort or in the work they are doing, and they are not surpassed in the instruction they are giving. I hear many of his former students speak of him with love and affection for the inspiration gathered as they listened in to his classes, and this alone has endeared him to them by a bond of affection to the end. Dr. Manning will now speak to you. (Applause.)

*Dr. I. H. Manning, M.D., Chapel Hill:*

#### COMMON INTERESTS OF MEDICINE AND DENTISTRY

It is my privilege to bring to the North Carolina Dental Society greetings and best wishes of the North Carolina Medical Society, and I wish to express my appreciation of this opportunity to talk to you on some matters which I conceive to be of common interest to the two professions. In spite of the ruling of the courts that "dentistry and medicine are separate and distinct in fact and in law and that a physician is not a dentist nor a dentist a physician," it is becoming more and more obvious to those in touch with the trends of modern medicine and dentistry that the bonds that bind the two professions into one are growing stronger and stronger and that they are united in the common purpose of providing a complete *health* service to the people who are in need of such service. We are beginning to see the individual as a physiological and pathological unit. We recognize that every organ is a part of the whole, that health is the sum total of a properly balanced functioning of all organs, and disease the consequence of an imbalance which may begin in any one organ or area. Modern medicine is, I believe, based on this assumption and the practice of medicine—and I include dentistry—in all of its phases, is assuming more and more the character of a coöperative effort to restore the individual to normal health by any means available. If I am permitted to visualize a set-up for an adequate medical service I should make the general practitioner of medicine—the family physician—the central figure, the keystone of the organization with dentists and all other specialists his friends and coworkers.

The medical profession views with satisfaction the movements instituted by the dental profession—to improve the quality of its service now and in the future. I refer not only to the program you have instituted for the improvement of your schools, but perhaps the more difficult program of getting over to those now in active practice the more recent and improved procedures. Dentistry, like medicine, has made miraculous progress during the past twenty years. The restorative and reparative work of the dentists performed on those wounded in the World War was a revelation to those of us who have a limited opportunity to learn of your accomplishments. New conceptions of the cause of disease, new methods of diagnosis and treatment, new inventions in materials and machinery have made our work more accurate and of finer quality, but much more complex and difficult. The task of discriminating between the essentials and nonessentials, between those methods that are sound and are likely to be of permanent value and those that are unsound in practice is as staggering in its magnitude in dentistry as it is in medicine, but there is nothing more fundamental to real progress. I wonder sometimes how much of the practice of medicine and dentistry is not being directed by the wholesale drug and supply houses? I wonder at the same time if those of us who are engaged in teaching are really training the younger generation into habits of sound thinking? Or are we over-stimulating their imaginations by a promise

of a rapid rise to fame through some stroke of genius, or plain blah, rather than by the laborious process of painstaking investigations guided by sound thinking and sound scientific methods? Research has become a fetish in this country—especially in medical schools, and while I would not for a moment minimize the value of research done by qualified men, much of it is unsound and is making extremely difficult the task of the teacher and those who would give to the profession the best in modern practice. With all the mass of literature, materials and machinery, conflicting observations and experiences, it has become difficult to “steer a straight course.”

Medicine as a whole during the past twenty years has been the beneficiary of philanthropists and all of those who are philanthropically or charitably disposed. Millions of dollars of private and public funds have been spent in the construction and equipment of hospitals and medical schools, some of which are on a most luxurious scale, and for medical research. The result is that not only has the cost of medical education become almost prohibitive, but medical service has been set up on a most costly scale. I quote from Dr. Harvey Cushing in a recent article, “Medicine at the Cross Roads,” in which he is defending the general practitioner, the practical physician:

“There has been much idle talk, too, regarding scientific medicine and the modern scientific doctor. For hasn’t he, or mostly his technicians, taken our blood pressure, our electrocardiograms, our basal metabolic rate, lumbar-punctured us, ophthalmoscoped us, ventricelogramed us, X-rayed us from top to toe, studied under the microscope everything we can expel for him besides drawing off our blood for some purposes, looked into our orifices and sinuses, tickled the soles of our feet, charted our calories, our calcium, phosphorus and nitrogen intake and output?”

And after some pertinent illustration of where the doctor might use his head more and his laboratory less, continues:

“As a matter of fact it will be a great shock to laymen (and I suspect to some physicians) to learn that a great part of what is called scientific medicine is a fetish and wholly unscientific.”

Whether we agree entirely with all of this or not, the fact is that the laboratory has been tremendously abused and its use has added very much to the cost of medical service. The practice of medicine has been set up on too extravagant a scale: there is too much overhead. In 90 per cent of his patients the physician can make for himself the necessary laboratory tests with an equipment that should cost not more than \$200, including a microscope.

To what extent dentistry has shared in these lavish benefactions and extravagances, I do not know, but I have reason to believe it has not entirely heeded the injunctions of Dr. Pritchett in his introduction to the report of Dr. Geis, on Dental Education, in which he writes:

“The recommendations made in this report do not contemplate the education of a group of dental practitioners at such a level, whether of training or of cost of education, as will make the dentist inaccessible to the man of small means. . . . To train up a

generation of physicians or dentists or nurses whose service is so costly as to be out of the reach of the self-respecting man of modest means who desires to pay his way would be a dismal mistake in civilization."

I think we are or have been definitely on the road of doing all of these things. I believe we should make our educational processes less expensive.

Moreover the business of practicing medicine and dentistry, like all other business, needs to be reorganized on a more economical program. Threatened on the one hand with State medicine and on the other with socialized medicine the two professions need to take their business into their own hands and reorganize it to meet not only the exigencies of the present but what appears to be the conditions of the immediate future. If any one can think for a moment that we will return to those unusual affluent conditions of the twenties he has indeed a vivid imagination. There are too many specialists in both medicine and dentistry. In the retrenchments which seem to me imperative we must hold on to the fundamentals, the essentials of sound medical and dental practice and consolidate the gains we have made, but that we need to eliminate some of the nonessentials—some excess baggage that we have acquired, is obvious. I know of no more serious or difficult task confronting the two professions and none that demands stronger leadership than this. I feel very strongly that physicians and dentists should assume responsibility for an adequate health service to the people, and should undertake to provide such service as economically as is consistent with a fair return for such service.

I hasten to say that I do not think that the two professions should assume the financial burden of a health service to the indigent, the improvident, the underpaid or unemployed. This is a community burden and a community problem and each community should accept it and find some adequate solution for it. Already the public has asked too much free service of both physicians and dentists; it has gotten into the habit and I am sure the habit is growing of expecting them to labor for love and "to think not of what they shall eat nor of what they shall wear." The web of socialized medicine is in the weaving and physicians and dentists do not need to lose their tempers in protest or resentment, but to go deliberately about their own business in an intelligent way. (Applause.)

*President Jackson:*

On behalf of the North Carolina Dental Society, I wish to thank you, Dr. Manning, for this paper. We are delighted to have you with us. At this time I am pleased to recognize the Chairman of the Executive Committee, Dr. Z. L. Edwards.

*Dr. Z. L. Edwards, Washington:*

Gentlemen, in keeping with the established custom of our organization, your Executive Committee wishes to recommend

three men for honorary membership in our Society. My attention was called to it yesterday. I was under the impression that Dr. Harry Bear of Richmond was already an honorary member. So, your Executive Committee wishes to recommend for honorary membership Dr. Harry Bear, Dr. U. Garfield Rickert, and Dr. L. Langdon Sheffield.

*Dr. J. Martin Fleming, Raleigh:*

I don't know how Dr. Harry Bear has escaped this thing so long. If I had asked any member of the Society if Dr. Bear was an honorary member, I believe any one would have told me he was. You can imagine my surprise when I found that he was not. It would seem like we are doing now what we should have done long ago.

*President Jackson:*

Thank you, Dr. Fleming. What will you do with this report?

*Dr. J. Martin Fleming:*

I move we accept it.

*Dr. A. S. Bumgardner, Charlotte:*

I second the motion.

The motion was unanimously carried.

*President Jackson:*

At this time I am pleased to recognize Dr. Bear. I will ask Dr. Bear to come forward without an introduction. We all know him, and we are delighted to have you with us, Dr. Bear. We feel honored by your presence.

*Dr. Harry Bear, D.D.S., Richmond, Va.:*

It was not necessary to make me an honorary member. I have been coming here for a number of years, and I have felt perfectly at home. The only time I have recognized that I am not a member is when you start roping off some of us to keep us from voting. That is the only time I know that I am not a member of the North Carolina Society. I assure you I am grateful for this honor.

## ACTIVITIES OF THE AMERICAN DENTAL ASSOCIATION

HARRY BEAR, D.D.S., F.A.C.D., Richmond, Va., Dean and Professor  
of Exodontia, Medical College of Virginia,  
School of Dentistry

It is very gratifying to have this opportunity of meeting with the North Carolina Dental Society in this historic spot, Chapel Hill. As the first State University in the United States, the University of North Carolina has by tradition and present achievements an enviable position among the higher institutions of learning. In an atmosphere such as this, the greatest good can emanate.

In common with the other sciences, dentistry has developed through the centuries. The first organized efforts which culminated in proper professional recognition occurred in this country in 1839 with the establishment of the Baltimore College of Dental Surgery, the first dental school in the world. The years 1839 and 1840 were epoch-making in the history of dentistry, for during this brief period, in addition to the founding of the Baltimore School, the American Society of Dental Surgeons was brought into existence, and the *American Journal of Dental Science* was established.

It is of interest to this group to call attention to the first dental practitioner in North Carolina to hold a dental degree. In the second graduating class of the Baltimore College of Dental Surgery in 1842 there were three men—two from Virginia and Dr. W. R. Scott of North Carolina. Dr. Scott, who was also a graduate in medicine, practiced at Raleigh for a number of years. He was an eminent practitioner and the recipient of many honors conferred by the profession.

Among the organizations which have influenced the practice of dentistry are the National Association of Dental Examiners and the American Dental Association. The National Association of Dental Examiners held one of its annual meetings in Asheville, North Carolina in 1903 and Dr. V. E. Turner, of Raleigh, was president of this organization in 1901. The American Dental Association also held one convention in this State which met at Asheville in 1903.

In all the states of the Union there are state dental societies. Uniting the state societies as a parent organization, is the American Dental Association, which was organized in 1859. This association has grown by leaps and bounds and now has an enrollment of 32,500 members. It is readily apparent that the greatest progress in any field of endeavor is not due so much to individual effort as it is to the combined efforts of groups similarly engaged. This was well illustrated at the recent meeting of your State Legislature when the organized dental groups of North Carolina expressed themselves in no uncertain terms and the strength of their organizations were recognized. Membership in a society is not sufficient, for every individual must give some time and effort for the benefit of all concerned. Dr. G. V. Black once said that "No dentist can, under present conditions or the conditions that will probably prevail in the future, do himself or his community justice without becoming an active member of a dental society and taking an active part in its work."

There are fourteen major activities of the American Dental Association and these will be discussed briefly:

1. *Publication of the Journal*: Through the medium of the *Journal* scientific articles of a desirable character are presented. General and pertinent information about the practice of dentistry is also disseminated. With the addition of an associate editor, recently engaged, it is planned to extend the sphere of usefulness of the *Journal*.

2. *Annual Meetings*: It is needless to dwell upon the importance and significance of the annual meetings. The scientific sessions permit of a free discussion of the procedures in dental practice. The latest knowledge concerning our profession is usually presented at these meetings. In addition, there is the advantage of meeting old friends and making new ones and the knowledge thus gained by informal conferences.

3. *Bureau of Public Relations*: "Offers suggestions and counsel in the promotion of State and community dental health programs. Supplies educational material such as reprints, lectures, talks, posters, slides, films, etc., to dentists, teachers, nurses, and other public health workers. Gives advice and assistance in developing talks and lectures pertaining to dental hygiene for various types of audiences."

4. *Library Bureau*: "Circulates dental books, and package libraries to members. . . . Answers questions pertaining to dental literature."

5. *Bureau of Chemistry*: This department carries on investigations regarding dental remedies. Careful analyses are made and inquiries concerning the uses of drugs are answered.

6. *Council of Dental Therapeutics*: This is a very important agency of the A. D. A. The Council "passes upon the therapeutic claims of proprietary remedies." The reports of findings are published in the *Journal*. The scientific and educational value of the Council's activities are commended to you for your earnest support. The profession at large should encourage to the utmost this constructive and far-reaching work.

7. *Judicial Council*: This body "interprets and enforces the code of ethics. Prevents detrimental practices. Receives and decides questions of ethics."

8. *Dental Educational Council*: This Council is composed of representatives of the National Association of Dental Examiners, American Association of Dental Schools, and the American Dental Association. It has exerted considerable influence in establishing standards of dental education. The Council inspects the dental colleges and classifies these institutions.

9. *Committee on Dental Indexing*: A valuable piece of work has been done in the collection of dental literature. This committee publishes a dental index of all articles in the English language pertaining to dentistry.

10. *Committee on Legislation and Correlation*: The general activities of this committee are known to you. Its function is to keep in contact with proposed legislation which in any way affects the dental profession. Under the able chairmanship of the veteran leader, Dr. Homer C. Brown, of Columbus, Ohio, this committee has rendered a very valuable service to the profession at large. The many accom-

plishments of this important committee are too numerous to mention. We are daily the recipients of benefits and protection because of the legislation which has been perfected.

11. *Relief Fund Commission:* This commission in coöperation with similar agencies from the state societies offers financial aid to indigent dentists. Since the establishment of this fund considerable financial assistance has been rendered to dentists in all parts of the United States.

12. *Research Commission:* "Receives application for assistance in research pertaining to dentistry. Passes on the relative merits of the application; as to its problems, facilities, and researcher. Awards grants to promote research."

13. *Committee on the Costs of Medical Care:* You are familiar with the general report submitted by the committee under this name. The American Dental Association assisted in this five-year study. There were three dentists on the general committee. One dentist signed the majority report and also signed a supplementary statement concerning the practice of dentistry. The views expressed here are contrary to the generally accepted position of dentistry. The other two dentists submitted what is now referred to as Minority Report Number II. From all that has been written and said on this subject it is apparent that the individual dentist should seek to keep informed on this vital issue in order that he may be intelligently prepared to meet any changes which may be a natural evolutionary procedure in the practice of dentistry.

14. *Group Insurance:* The American Dental Association has approved a form of group insurance. Its interest is to offer to its members life insurance protection at a minimum cost.

In addition to the above, the A. D. A. has recently sponsored a survey of dental health activities in this country. This study will be conducted by the United States Public Health Service. The plan has been perfected and field workers are now carrying on their investigation. The result of this survey will be published for the benefit of the profession and the public.

The outline which has been submitted summarizes briefly the extensive operations and purposes of the American Dental Association. All of these advantages are offered to the members of the dental profession at \$4.00 a year. Economically speaking, the cost of this service is but a fraction more than one cent a day.

If there ever was a need for membership in a dental society, it is even more pertinent at the present time. There are in North Carolina 887 registered dentists. At the 1932 meeting of the A. D. A. you were credited with 304 paid members. There is a splendid opportunity for increasing the membership in this State organization. Each component society should exert every effort to bring into its fold all ethical practitioners in their districts. I commend for your consideration in this connection, the "Indiana Plan of Organization." This makes a particular appeal to the younger members of the profession.

All societies have certain rules regarding delinquent members. There are, of course, the chronic members who are always desultory in the payment of their dues. These should be treated according to

your constitutional provisions. There are other members, however, who are deserving of consideration. As these are unusual times, I would urge you to be indulgent and tolerant with your membership.

Now, it is my privilege to extend to you an official invitation to attend the 75th Annual Meeting of the American Dental Association in Chicago, August 7th to 12th, 1933. This meeting will be held in conjunction with the Chicago Centennial Dental Congress. It is planned to make this one of the finest dental conventions ever held. Judging by the activities of the Chicago group and knowing what has already been accomplished, I have no doubts about the fulfillment of all expectations. All sessions of the convention and the exhibits will be held in the Stevens Hotel.

There is an added attraction to a visit to Chicago at that time which is the Century of Progress Exposition. Dentistry will be well represented with a series of exhibits in the Hall of Science Building. This will portray dentistry as an important phase of health service. You are urged to make plans to attend this great meeting.

I want to express my appreciation for your courtesy in inviting me to appear on your program. It is always a pleasure to meet with you. My presence at this time as trustee of the A. D. A. from the Fifth District, which includes North Carolina, carries an added responsibility. Please be assured that it will be my purpose at all times to represent the wishes of my constituents and the dental profession as a whole. (Applause.)

Dr. Bear showed some slides of the World's Fair at Chicago and extended a cordial invitation to attend the A. D. A. meeting in Chicago.

*President Jackson:*

Thank you, Dr. Bear, for your splendid address. It was very instructive.

*Dr. U. Garfield Rickert, Ann Arbor, Mich.:*

Having the distinction of being a member of your great organization, I ask the privilege of the floor. I want to show you that I appreciate the honor shown in making me a member of your State Society. There is just one other thing I want to say. As much as I detest it, I have seen during the past few years the necessity for new blood and a new deal in the American Dental Association. I have seen certain political maneuvers that I resent to protect certain vital things coming before the dental profession. I agree perfectly with what the Dean has said. I want to see men head the profession who are looking forward instead of men in the highest chambers of the organization who are politicians. The power of the organization has fallen into the hands of certain individuals in the American

Dental Association. Unless we call on men of integrity that we can trust and men that have the interest of the profession at heart, we cannot go forward.

I happen to be a member of the House of Delegates and am sincerely interested in having our representative as trustee from this District. The politicians came and said they did not want any Deans. They do not want any brains. I want to put in the thinking element in America, the men whose judgment we can rely on. I am enthusiastic in my endorsement of Dr. Harry Bear. I want to say that, because it is due him. I am glad that he has been placed on the Board of Trustees. I thank you. (Applause.)

*President Jackson:*

I wish to thank you, Dr. Rickert. I assure you that we appreciate your remarks.

*Dr. L. Langdon Sheffield, Toledo, Ohio:*

I wish to express my thanks and appreciation of the honor your Society has bestowed upon me by making me an honorary member. I have had a wonderful time down here, and I will take home with me many happy, pleasant memories of being here. (Applause.)

*President Jackson:*

Thank you, Dr. Sheffield. I want to assure our visiting clinicians that it has been a pleasure to have you, and we have enjoyed your visit. You have brought us some wonderful information and instruction. We have been delighted to have you and I hope you will come our way again.

At this time I want to recognize Dr. G. Fred Hale of Raleigh, who will present our next speaker.

*Dr. G. Fred Hale, Raleigh:*

Members of the North Carolina Dental Society: First I want to thank Dr. Bear for his liberal remarks and to say that such comments make the task of serving the Dental Society much more pleasant.

Permit me to present to you my friend and your friend, and the benefactor of children, Dr. G. A. C. Jennings of Richmond, a member of the faculty of the Medical College of Virginia. (Applause.)

*Dr. G. A. C. Jennings, D.D.S., Richmond, Va.:*

About a month ago I received a letter from your committee asking me to present the subject of children's dentistry. I read the letter hurriedly and immediately accepted the invitation, rather a selfish motive on my part. I thought mostly of what a good time I was going to have meeting friends. My presentation, therefore, is perhaps not what it might be.

Not much sooner had I received this invitation and accepted it, than our mutual friend Dr. Harrison—I must tell you this right now: I took Dr. Harrison back to Richmond and on the trip back we talked about everybody in North Carolina and practically every subject. When we finally pulled up in front of the Fifth Street Building in Richmond, Dr. Harrison said, "Jennings, do you know we pretty nearly broke a record." I said, "No." He said, "Before I get out of the car, I want to tell you a nice little joke. We haven't told a joke since we left Raleigh." He told me a nice little joke. I am sorry I can't repeat it here. Anyway we kept from breaking a record.

#### PRACTICAL DENTISTRY FOR CHILDREN

The beginner in any mechanical work does not at once arrive at the best, and most practical methods. But, if he is an observing person, he soon falls into a definite order of procedure which he may adhere to more or less rigidly.

I must admit that I am of rather a lazy type, and oftentimes have spent hours of folly to avoid minutes of labor. This has been true since my boyhood days, when I was always contriving some apparatus to lessen the labor of my chores.

This trait has clung to me, and even in the practice of dentistry, I find myself studying the subject of simplification at the expense of every thing except pain to the patient, and functional service to the organ.

It is from this angle that I shall discuss my methods of caring for the teeth of children.

I wish to make myself clearly understood in the beginning of this brief discussion, I am not attempting to be scientific, and shall not picture any "Utopia" to those who are over enthusiastic. Because we all have failures, and at times lose faith and wonder if our efforts are worth while.

It has been my privilege to have heard and read, many discussions on the subject of dentistry for children. Most of them have high ideals and picture a beautiful future for preventive dentistry. All have very forcefully impressed the necessity for dentistry for children, and I am sure that any reader of current dental literature has been converted to the idea. Many articles have been idealistic and advocated some one technique or another as a panacea. All of

them are good, no doubt, in the author's hands, and it is not my purpose to discredit any of them; inlays with the slice preparation, silver amalgam, copper amalgam, kryptex, and cements of various kinds. All of these are good, and to the man who uses any of them with a large degree of success I wish to pay honor and tribute. But, to the man who deliberately refrains from treating children's teeth, and does not advise the parent of the necessity of such treatment, I have little regard for his credit to the dental profession.

My discussion, which I prefer to call "Shop Talk on Dentistry for Kids," is just a simple narrative of the routine procedure in my office. I feel so close to all my friends here in North Carolina, I am sure you will not think me egotistical, for I only wish to convey to you the technique which has proven most successful in my hands.

I can best present my subject by taking up various steps of procedure under separate headings, and I have chosen office environment first.

#### OFFICE ENVIRONMENT

Today children are being given more consideration in every line of endeavor than ever before. The barber, for instance, has seen the necessity of appealing to them, and his shop has been made attractive. Schools, stores, and theatres have studied their desires and are catering to them. So we, as professional men, must give them like consideration. In your reception rooms small furniture is most attractive to the adult, as well as the child. Have at least one or two chairs for the little ones, so they may feel that they are expected and can be made comfortable. Have a toy, or books which will amuse them. Though it is not necessary that they be elaborate. Your operating room need not be touched. Simplicity and neatness is all that is required.

#### CHILD PSYCHOLOGY

Child psychology should be applied at all times, and particularly the first visit. I always know the child's first name and greet him, calling him by name. I frequently meet the new patient in street clothes, as the operating coat appears too professional. There is an ottoman in my child's play room that I invariably use to sit on while talking to the little patients. When I am seated my eyes are about on a level with theirs. A suitable conversation is started, and I offer to guess his weight by lifting him. I weigh the child in the operating room later. When the patient is in the dental chair I inspire confidence by being truthful, generous with explanation, and allowing him to know and see what is to be done.

Small children like to be amused, even after they are seated in the operating chair. However, they are more interested in what is going to be done to them than anything else at that moment. Consequently, I have devised a plain mirror which is attached to a head strap, similar to those used by the Rhinologist. This mirror can easily be adjusted by either myself or the child so that perfect visibility for the patient may be obtained. Most of the time I operate from behind the chair. The child can see what is taking place even

when I operate with the mouth mirror, (indirectly). I explain to the child in understandable words just what I intend to do, and he is allowed to see the operation. My patients know when a cavity is free from decay nearly as quickly as I do. They are explained the causes and see the necessity for what little pain that might be attached to the particular phase of dentistry I am doing. With the child in this mental attitude I usually have perfect coöperation.

#### CAVITY PREPARATIONS

I use short shank burs and a miniature contra angle hand-piece most of the time. The cavity preparations I shall describe are for amalgam restorations, as I use them mostly.

Cavity preparation for the Class I and Class V cavities in the deciduous teeth. Much the same technique is followed as described by Black for the permanent ones. The only exception being beveling the cavity margins. A greater bevel is required due to the anatomy of the deciduous teeth, the enamel being thin and brittle.

Class II cavities. With a No. 34 inverted cone bur I start in the occlusal pit, either the mesial or distal, as the case may be, and with a swaying motion cut down through the dento-enamel junction. From this point, with the same instrument I cut through mesial or distal, depending upon the cavity, to the carious portion of the tooth. Then, with hand instruments; chisels, hatchets, and excavators, oftentimes remove all decay without further use of a bur. The occlusal step must be broad and wide. Large Fissure burs and stones are used for this purpose. The margins of the cavity are placed well buccally and lingually for prevention and high upon the incline plains. The gingival seat must be shallow due to the horn of the pulp. Strength and anchorage are secured by the occlusal step and a bulk of filling material is required.

The Class III cavities are seldom treated, except in the cuspids, and using the same technique as for permanent teeth. With the incisors I use a Joe Dandy, or safeside disk, and polish the surface flush with the base of the cavity, so as not to collect food. Contact points normally are lost by bony development.

Class IV cavities. The same as above.

I use cotton rolls with the Ivory type holder, and the saliva ejector to maintain dryness. The rubber dam is seldom used. There are many finger manipulations one can use to advantage. Oftentimes in preparing a cavity in the lower arch for children, the anterior teeth are loose, and in getting a rest for the finger of the operating hand, you may use these tender teeth, and cause much discomfort to the patient. With the mouth mirror held firmly between the thumb and forefinger, the little finger supporting the chin, the middle finger may rest on the soft tissue just above the fold of the mucous membrane, and be used as a rest very satisfactorily, for all the teeth on one side, and to the second deciduous molar on the other. This same finger may hold a small cotton roll.

## MATRICES

In Class II, or compound cavities, I always use a matrix. Various kinds of matrices are on the market. Most of them are made of thin steel. No doubt you have selected the one that appeals to your individual requirements. I think I have tried most of them from the looks of my cabinet. Most of these matrices require a matrix holder, and very few small children will tolerate them. They are difficult to place on the deciduous tooth, due to the anatomy, and the little tongues will invariably push them off just at the most inopportune moment. The saliva glands in young children are very active and it is necessary to allow the child to expectorate often. For this reason, I do not use any matrix that requires a holder on very young patients.

I have fitted bands made of German silver, and soft solder, but this takes too much time. I have used wedges of wood, cotton or gutta-percha to hold matrix material in place, but not very satisfactorily. At the present time I am using only one type for young patients. The most satisfactory matrix in my hands is a seamless noncorrosive band. These bands may be secured from the supply house in various sizes. I use sizes varying from No. 10 to No. 15. These usually serve all the purposes from the deciduous molars. These bands are cut so that three matrices can be obtained from each band. The band selected is always larger than the tooth, and with a pair of flat beak pliers it is pinched on the surface which is to be the buccal. Thus giving the band some spring so it will stay on the tooth momentarily. The band is contoured and trimmed so as not to injure the investing tissues, and placed under the free margin of the gum where necessary and the patient is allowed to close in natural occlusion. The band is removed and trimmed again if the patient cannot close comfortably. Then with a pair of serrated straight beak pliers the band is pinched and pulled until it fits snugly around the neck of the tooth and a lap fold is made, always carrying the fold away from the cavity. A rough serrated instrument is used to force the matrix into a neat fold. A ball shaped burnisher may be used to establish a contact point. Sometimes a hole is drilled at the desired contact point with a No. 4 round bur. Dry cotton may be inserted, buccally and lingually, if the band stands off at the gingival. Wooden wedges may be used, gutta percha, or even dental floss ligatures may be tied around the band at the neck of the tooth with a surgeon's knot.

Now we are ready to place the amalgam. Any amount of condensation can be accomplished and the child can occlude as often or as forcefully as he likes without fear of destroying your restoration. This matrix can remain on the tooth until the next sitting, and is advisable sometimes, because amalgam does not crystalize quickly. When the matrix is satisfactorily placed with a snug fit at the gingival there is no discomfort in leaving it until the next appointment, provided it is burnished around the surface of the tooth.

## FILLING MATERIAL

The filling materials used mostly in my office are high standard Silver Amalgam, Copper Amalgam, and occasionally Copper Cement. Cement is used as test fillings and where the tooth is expected to be lost within a period of a few months.

All cavities are sterilized either with Phenol, Silvernitrate and Eugenol or Ammoniated Silvernitrate and Formalin.

In cavities free from discolored dentine Phenol is used, and Silver Amalgam is inserted.

In cavities with solid discolored dentine, Eugenol and Silvernitrate are used and a Copper Amalgam base over which is inserted a Silver Amalgam, all accomplished at the same sitting.

In cavities where the removal of leathery decay may cause an exposure, I use ammoniated Silvernitrate and Formalin, followed with a test filling of cement. After sufficient time has elapsed, a Silver Amalgam may replace the cement.

With the matrix in place, as I have described above, the amalgam may be placed. With one hand holding the mouth mirror, and supporting the chin, if a lower tooth, the filling may be condensed as thoroughly as desired. In finishing the fillings, the young patient wants to spit out the small scraps of amalgam, which fall on the tongue, as rapidly and often as they accumulate. In the upper arch, catch the fragments on the mirror, in the lower arch force the scraps to the buccal. The child will tolerate this procedure. The inlayed mirror is used to an advantage with the upper teeth. It retains the scraps. The child may occlude as forcefully as they desire. This aids in carving the occlusal which is very essential. The matrix band may be left on until the next sitting, as the child is not any too cautious in exerting occlusal force on the newly placed filling. Amalgam fillings may be polished easier by the use of plug-finishing burs and Burlew Discs.

Cavities of greatest consequence occur on the proximal surfaces of the deciduous molars and due to the broad, flat contact points, X-ray is of great aid in determining early caries.

Oftentimes in preparing a compound cavity on the distal of a first deciduous molar, we find a small cavity on the mesial of the second molar, if the cavity is below the normal contact point. That is, if there is sufficient bulk of enamel occlusally to withstand chewing force, and provided the X-ray shows the presence of a second bicuspid tooth.

I oftentimes prepare a simple proximal cavity. The unfilled cavity of the first deciduous molar will allow accessibility. Such cavities are always filled with Copper Amalgam for the following reasons: Lack of occlusal force, and areas that are not self-cleansing, and the deposit of copper salts will tend to prevent the recurrence of decay. Whenever there are compound approximal cavities on the first and second deciduous molars, I always fill the second deciduous molar first, and place a Zinc Oxide and Eugenol filling in the first molar. On the next visit the filling is polished at the gingival and proximal before the filling is inserted in the first molar. My reason is this: the first bicuspid usually erupts two or three years before the second,

and there is a smooth contact point for it to rest against, which may prevent it from decaying.

In placing restorations in the deciduous teeth there are two things I hope you will remember, if you forget everything else I have said. First, most of the deciduous teeth that you fill should be retained by the child longer than you expect the best sylicate filling to last which you place for your adult patients, and just as great a service is rendered, thus justifying an equivalent fee. Second, many deciduous teeth have no permanent successor, and unless you know there is one, you should place your filling with all the permanency that you expect of the restorations for your adults.

#### ORAL PROPHYLAXIS

In cleaning teeth for young children I prefer the use of the rubber cup to the brush. The patient tolerates it better, because it does not scatter the dentifrice all over the mouth, and is not as irritating to the investing tissues.

Children during the eruption of the permanent teeth neglect their mouths because of tender gums, and sore teeth. Particularly during the eruption of the six-year molars, and after their eruption a thorough scaling of second deciduous molars is very essential. I make it a practice to give a tooth brush demonstration to all patients over six years of age.

#### EXTRACTIONS

The removal of deciduous teeth is not always easy. I have divided deciduous extractions into four groups. Those teeth where the roots have completely absorbed. Teeth with roots partially absorbed, broken down teeth and teeth in which no absorption has taken place. The first class is very simple, oftentimes just breaking the continuity of the margin of the gum will release the vacuum and tooth is simply removed. I always paint the tooth with mercurochrome and have the child expectorate calling attention to the fact that they "spit pink." Thoroughly dry the tooth and then apply iodine and acconite, and with the beaks of cotton pliers flow Phenol around the free margin of the gum, then with a large spoon excavator remove the tooth. The mercurochrome is used only for its psychological effect, for when the blood comes he still is just spitting pink.

The second class—teeth with roots partially absorbed. The child's age must be considered, and thus the development of the succeeding permanent tooth, depending upon this, you may determine the amount of bony attachments to the roots, either infiltration, or conductive, is used, according to the patient. If your experience has taught you that in a child seven years and six months old the first deciduous tooth which normally should be lost at the age of nine, has little bony attachments to the roots, infiltration is all that is necessary for a painless extraction. But the age is not the only guide, as the dentition varies in different children.

In teeth with the roots fully developed, conductive or general will give best results. I have given conductive to children three and a half years of age with success. Broken down teeth and abnormal

absorption is the most difficult type. Conductive is most satisfactory and great care must be used with the elevators. I use them buccolingually mostly. Seldom anteriorly or posteriorly, the finger being used as a fulcrum, and the apex of the root is exposed before the elevator is applied. Large spoon excavators are used for this purpose mostly. (Applause.)

Dr. Jennings showed some slides, covering some of the procedures as mentioned in his paper.

*President Jackson:*

Thank you for the splendid presentation of your paper, Dr. Jennings.

At this time I will ask Dr. Ernest Branch to present our next essayist.

*Dr. E. A. Branch, Raleigh:*

I think one of the most fortunate things we have in our organization in this State was a few years ago when we had an extension course at the great Northwestern University and at the University of North Carolina. At that time many men in this State were given an opportunity to find that they needed more training of an intensified nature. Among those who decided that was the essayist at this time, Dr. Wallace Mustian. Dr. Mustian was not altogether satisfied to quit with that extension course, but went to Northwestern and stayed last year, and while there he gathered a great deal of benefit to himself and benefit to the North Carolina Dental Society, and at this time he is going to give you an opportunity to benefit in some of the things he has learned. Dr. Mustian. (Applause.)

*Dr. Wallace F. Mustian, D.D.S., M.S.D.:*

Mr. President, fellow members of the North Carolina Dental Society, it gives me great pleasure as a member of this organization to appear to you this morning, especially at the end of the program. I realize it is very difficult to maintain your attention as the last thing on the program. Without further comment I will go direct to my first paragraph, and I would also like for you to keep in mind the views which have been shown upon the screen.

THE FLOOR OF THE MAXILLARY SINUS AND ITS DENTAL,  
ORAL AND NASAL RELATIONS

By WALLACE F. MUSTIAN, D.D.S., M.S.D.\*

Warrenton, North Carolina

A realization of the importance to the dentist of an accurate knowledge of the relations of the maxillary sinus floor prompted this study.

Possibly no part of our bony anatomy presents as many anatomical variations as the maxillary sinus. It seems that almost any variation in size and shape consistent with the boundaries of the maxilla and certain articulating bones including the teeth may exist. With this in mind, this work was primarily undertaken for the purpose of making and recording anatomic observations that would be of value to the Dentist, Oral Surgeon and Rhinologist. Standardized operative procedure in the presence of marked anatomical variations may lead to unpleasant and even dangerous results.

The object of this study was to determine what were the relations of the floor of the maxillary sinus, and what were the possible types and frequency of variations from the usual in the floor; also, the application of this knowledge to practical purposes.

For the purpose of this research, four thousand observations were made on one hundred human maxillary sinuses. Materials were obtained from the anatomic laboratory of Northwestern University Dental School. The subjects, all past middle life, had had practically no dental care except an occasional emergency extraction.

No attempt was made to select the specimens so as to show certain specific conditions because we wished to show averages.

All of the specimens were well preserved, sagittal sections of the face bones excluding the mandible. Numerous cuts and sections were made at different locations, thereby, exposing the sinus in the most advantageous locations, and showing its relations to the nasal, fossa, palate, zygoma, concha, median and lateral walls of the nose, the alveolar ridge, also the tooth relations to the floor.

The subject of the maxillary sinus is not new because Galen, a Greek physician in the year of 139-201 knew of it. N. Highmore, an English anatomist, in 1851 gave what was considered the first description of the cavity. He discovered this sinus by the extraction of a left canine tooth. In as much as this tooth rarely comes into relationship with the floor, the sinus in this case must have been exceedingly large.

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\*Read before the North Carolina Dental Society at Chapel Hill, June 8, 1933.

Cowper in 1701 exposed the sinus through a tooth socket and later the mode of making entry into the sinus through a socket was given his name. Zukerkandl<sup>1</sup>, in 1893, was next to make a thorough study of the sinus. Since then J. Parsons Schaeffer<sup>2</sup>, Cryer<sup>3</sup>, and Skillern<sup>4</sup>, with others have given the maxillary sinus careful study.

#### ANATOMIC DESCRIPTION OF FLOOR OF MAXILLARY SINUS

Their description of the maxillary sinus and especially the floor is brief. They give no indication of the variability of floor. Few maxillary sinuses correspond exactly to the classical presentation as found in most text books.

Morris<sup>5</sup> description of the anatomy of the floor of the sinus varies in no great essential to that found in other text books on anatomy. It follows: "The floor of the sinus is usually very uneven due to the prominences corresponding to the roots of the molar teeth. In most cases the bone separating the teeth from the sinus is very thin and occasionally the roots project into it. The teeth which come into closest relationship with the sinus are the first and second molars. But the sockets of any of the teeth lodged in the maxilla may, under diseased conditions communicate with it. As a rule the cavity of the sinus is single, but occasionally specimens are seen in which it is divided by long septa into chambers, and it is not uncommon to find recesses separated by bony processes."

It was found that the topography of the floor of the sinus usually corresponds to one side of a kidney if one end was somewhat sharpened and the other flattened. The sharpened end would be like the anterior part of the sinus floor while the flattened end would resemble the posterior. The hilum or concavity of the kidney to that of the nasal wall, while the lateral border or convexity, would fit roughly into the zygomatic prominence. The lowest part of the floor was usually found to be over the second molar area. From this point the floor rises more abruptly in the anterior direction than it does in the posterior. It is usually oval from side to side but occasionally where it dips down between the buccal and palatal roots of the molars or into a sharp edentulous alveolar (ridge) process, it may be more constricted or V shaped. It may occasionally burrow under the floor of the nose leaving the lateral wall of the nose to form a distinct ledge.

Partial septa-forming Gothic-like arches may arise from the nasal and lateral walls and form deep pockets or depressions in the floor and alveolar process. The resorption of the floor of the sinus about the roots of the teeth or between the bifurcations of the molar teeth often leave the roots of these teeth projecting into the floor in conical shaped projections or distinct eminences on the walls. In a few cases no bone was observed over portions of the roots. They were covered only by the muco-periosteum lining the cavity.

In our study there were no landmarks to aid in determining the form or size of the antra before they were exposed. No definite reason can be given for their size and shape. The shape of the palatal arch gave no information as to the formation of the sinuses. Often in heads showing narrow constricted arches the sinuses were found to

be usually large, and even extended into different processes to variable depths.

Underwood<sup>6</sup> has stated "that a surgeon can pronounce with tolerable accuracy the size of the cavity, the level of the floor, and the presence and extent of septa." However, he does not explain his methods of arriving at this deduction.

#### LIMITS OF THE FLOOR AND ITS TOOTH RELATIONS

Our observations confirm those of Shea<sup>7</sup>, Jackson<sup>8</sup>, Boyne<sup>9</sup>, Schaeffer<sup>2</sup>, Zukerkandl<sup>1</sup>, and others relative to the teeth in the sinus region. The question of what teeth are directly under the floor of the maxillary sinus is a very important one. It was found all the teeth in the true maxilla, could be under the sinus region, but seldom does this happen. In other words, according to our observations, the sinus floor could extend in an anterior-posterior direction from a point half-way between the lateral incisor and cuspid to the infra-temporal wall (heel of the tuberosity) of the maxilla. In the specimens studied, no sinus floor extended as far forward as the lateral incisor, but three specimens came forward to a space half-way between the lateral and cuspid. Two of these were edentulous.

In the remainder of the specimens the sinus cavity began anteriorly in the following order, as compared to the teeth: twenty-six times it began over the cuspid, sixteen times half-way between the cuspid and first bicuspid, ten times at a point over the first bicuspid, twenty-three times between the bicuspids, eight times it began over the second bicuspid, eleven times between the second bicuspid and first molar, and three times over the first molar. In seventy-five per cent of the cases, the sinus floor will begin between the cuspid and second bicuspid tooth. In twenty-five per cent of the cases, at points from the second bicuspid to the first molar excepting the three cases which began mesial to the cuspid.

The posterior wall of the sinus ended at the infra-temporal wall of the maxilla in ninety-seven per cent of the specimens. This wall was found very thin. In most cases almost paper thin. The deduction from these observations would be, that the sinus floor usually extends from the second bicuspid to the infra-temporal wall of the maxilla.

Our smallest sinus was in an edentulous maxilla. It began between the bicuspid area and ended just distal to the second molar. In two specimens the posterior wall of the sinus ended directly over the third molar.

#### TOOTH RELATIONS TO THE FLOOR

The position which the roots of the teeth occupied to the floor of the sinus varied considerably. For example, the apical ends of the roots varied as much as 20 millimeters in their extremes as compared to the floor of the sinus. Certain specimens will show as much as 10 millimeters of process between the apices of the roots of the teeth and the floor of the sinus. Other specimens will show where the floor of the sinus descended to the bifurcation of the molars leaving the roots of the teeth 10 millimeters above the floor in the

walls of the sinus. Any degree of variation or difference on either side of these extremes is possible.

It was found that the second molar roots occupied positions in the walls of the sinus more frequently than any other tooth. More than twice as frequent as the roots of the second bicuspid and the first and third molars. The cuspid and first bicuspid roots did not appear in the walls of the sinus in the specimens. The second bicuspid occurred in the palatal wall twice and in the buccal wall five times. The order of the roots of the other teeth as to their positions in the walls of the sinus above the floor are: the second molar, the first molar, and the third molar respectively. The average height which the palatal roots appeared in the palatal process was 3.9 millimeters. The thin cortical bone lining the maxillary sinus was the only bone separating these roots from the muco-periosteal lining of the sinus in most cases.

The second molar formed more conical projections in the floor of the maxillary sinus than any other tooth. We found that the second molar formed forty-six prominences, the third molar twenty-two, the first molar sixteen, and the second bicuspid eleven. The cuspid and the first bicuspid were not projected into the sinus as conical projections. These mounds or elevations of the roots seemed to be caused by resorption of the floor of the sinus about the roots of the teeth. Sometimes the resorption of the wall of the sinus would take place on three sides of the root only, leaving the roots of the teeth left on the walls as distinct pillow-like projections. At other times the resorption of bone apparently took place equally on all sides of the roots leaving finger-like projections from the floor with little or no cortical bone covering them at places.

The nerves and blood vessels coursing down from the walls and rising up in a funnel-like manner to and entering the apex of the root.

#### PNEUMATIZATION OF MAXILLA

Pneumatization of the maxilla and its processes varies considerably. This variation governs the size of the sinus. It was found that the sinus could extend into any of the processes of the maxilla and even into the zygoma, concha, or palate bone. The most frequent extension was into the alveolar and zygomatic processes.

Blair<sup>22</sup> makes the statement that he has seen the palatal process pneumatized to the midline. In the one hundred cases examined in our study, only one extended as far as 7 millimeters under the floor of the nose or two-thirds of the distance to the midline. This specimen also showed a large canal for drainage of the anterior ethmoidal cells directly into the maxillary sinus.

This peripheral enlargement of the cavity often leaves partial septa, bony ridges and projections of varying heights on the floor of the cavity, thus forming distinct pockets or depressions in many cases.

#### SEPTA ON THE FLOOR

In a great percentage of the cases there was found some obstruction on the floor of the sinus. The septa were invariably found over the teeth and they ran normally in a medio-lateral direction. The

septa averaged 4.2 millimeters and some were found as high as 10 millimeters. It is evident that a pocket on the floor of at least 10 millimeters might occur. Dependent drainage or the removal of a foreign body from one of these pockets offers a real problem. Realizing this, Chevalier Jackson<sup>8</sup> stated that "these compartments often require individual treatment."

In an analysis of the findings, it was found that two-thirds of all septa were located over three teeth. The order of frequency was: the second molar, the first molar and the second bicuspid tooth respectively.

Cryer<sup>3</sup> has been unable to find complete septa in the antra, although Morris<sup>12</sup>, Boyne<sup>9</sup>, W. Grube by Zukerkandl<sup>1</sup>, and others report finding the maxillary sinus thus divided. Schaeffer<sup>2</sup> believes when multiple maxillary sinuses occur, they are probably developed from two primary pouches or extensions from the middle meatus of the nose.

In the specimens studied, one sinus was divided into two distinct and separate cavities except for a small opening in the center of the septum about the size of a pin head.

If the septa on the floor of the sinus are left by the unequal resorption of the floor about the root, one should find the root of a tooth usually located in the septum or directly under it.

#### CHANGES IN THE FLOOR AFTER EXTRACTION

From the observations made one arrives at the conclusion that the floor of the maxillary sinus is not materially affected by the removal of the teeth. It was found that the floor contracts in width and length, and the conical projections receded. The floor does not appear to be raised or lowered, nor does the partial septa always disappear in edentulous cases.

It appears that the alveolar process is affected by tooth extraction, because apparently its chief purpose is to support the teeth. After their removal its function ceases, therefore, the tendency is for resorption. Some of the specimens showed only two or three millimeters of tissue remaining of what was formerly the alveolar ridge. This resorption went on apparently without changing the position or contour of the floor of the sinus.

#### ALVEOLAR ROUTE OF ENTRY INTO SINUS

Exploring the antrum by the alveolar route, there was found to be on the average 10.3 millimeters of bone between the floor of the sinus and the alveolar crest in the cases that have teeth in the molar region. In the edentulous about 8 millimeters of bone is encountered. The extremes are quite variable. In the full denture group the thickest was 19 millimeters, the thinnest 3 millimeters. Compared to the edentulous group the thickest was 21 millimeters and the thinnest was 2 millimeters. The deductions are that the alveolar route of entry into the maxillary sinus is not desirable, because of the variations in thickness of the alveolar process. Other reasons are the irregularities on the floor, and the increased probability of mixing oral flora with that of the nose already found in the sinus.

## RELATIONSHIP OF THE CANINE FOSSA TO MAXILLARY SINUS

A depressed canine fossa which seems to approximate the lateral wall of the nose may be deceptive. It has been found in such cases the sinus may extend forward in a tongue-like extension under the canine fossa, or, perhaps it may stop abruptly just distal to the fossa. To enter the maxillary sinus through the canine fossa, the antero-buccal surface of the zygomatic prominence is the preferable point of entry. The opening should be made high enough to avoid injury to the superior dental plexus of nerves and the apices of the teeth. This point is below and distal to the infra-orbital foramen. No injury would result to the vessels and nerves emerging therefrom. Entrance gained here would expose the sinus in a most advantageous position since the cavity is wider, and is nearer the center. This position would give visibility and access to most of the septa and pockets located on the floor of the sinus.

A fairly safe rule to follow is that when the canine fossa and the lateral wall of the nose are closely approximated, the cuspid and bicuspid teeth do not bear a direct relation to the maxillary sinus. In such cases a broach pushed through the teeth may penetrate into the canine fossa or the lateral wall of the nose. An attempted opening into the sinus from the canine fossa would usually result in an opening into the nose.

## DRAINAGE OF SINUS

For dependent drainage of the sinus the customary naso-antral window is not always sufficient. For this method to work satisfactorily the floor of the sinus must be on a level equal to or above that of the inferior meatus of the nose. Blum<sup>10</sup> says "the lowest part of the sinus is usually on the same level as the nasal floor." A. Logan Turner<sup>11</sup> says, "after the extraction of the permanent teeth the floor of the sinus occupies a lower level than that of the nasal floor." Chevalier Jackson<sup>8</sup> made the statement, "the usual point of entrance from the inferior nasal fossa is an important factor when dependent drainage is considered because generally the floor of the sinus is caudal to that of the nose, and often half of the extent of the sinus is below that of the inferior meatus."

J. Parsons Shaeffer<sup>2</sup> believes, "the relation of the floor of the sinus to that of the nose depends largely upon the degree of hollowing out of the alveolar process." Boyne<sup>9</sup> observed that the floor of the sinus was below that of the nose in 93 per cent of his forty-three specimens. In the specimens studied the sinus was below that of the nose in seventy-nine of the cases.

## OTHER OBSERVATIONS AND CONCLUSIONS

The tuberosity of the alveolar process was usually the most porous part of the alveolar border. It usually could be punctured with little difficulty by a sharp instrument. This process was found to be supported by the pterygoid process of the sphenoid bone in fifty-three per cent of the specimens. The porosity and lack of support explains why the tuberosity is often fractured during the extraction of the maxillary third molar.

Only three unerupted teeth were located in the tuberosity. They were third molars. In each instance their roots were projected into the floor of the sinus as conical projections: one to the extent of 10 millimeters. The removal of these teeth would have exposed the sinus cavity or left only a thin membrane separating the socket from the sinus.

The Cowper method of entering the antrum by the extraction of a tooth and through its socket is somewhat obsolete. WE MUST NOT FORGET THAT THE ANTRUM IS OFTEN ACCIDENTALLY EXPOSED BY EXTRACTION OF TEETH IN ITS VICINITY. THIS IS ESPECIALLY TRUE OF THE SECOND MOLAR. THIS TOOTH, AS A RULE, IS IN A CLOSER RELATIONSHIP TO THE SINUS THAN OTHER TEETH.

It is possible for the whole cortical plate of bone over this tooth to come out in its extraction. In fact, this happens in many instances, because the intervening bone over the bifurcation of the fangs is sometimes paper thin and fractures easily. Unless pathology is present, such an accident is usually of no consequence. The lining membrane of the sinus would not often be punctured, unless careless probing or needless curetment was indulged in.

In the extraction of the teeth that are well up in the walls of the sinus, extreme care is necessary in case of root breakage. It is possible to force the root fragment up between the muco-periosteum and the sinus wall, or even into the sinus. If the floor is covered by pockets or deep depressions, the root could become lost and require a radical operation for its removal.

Teeth occupying such intimate relations to the floor of the sinus would require special care and consideration in the treatment of their pathology and repair. The roentgenogram gives us more information relative to the anatomy adjacent to the maxillary sinus than perhaps any other clinical method of study. One cannot interpret what is written on a film unless we know normal anatomy, its variations and how the normal changes with disease.

From the anatomical facts as found and presented, is it not surprising that maxillary sinusitis may be of dental origin in many cases? Of the one hundred sinuses examined, fifty were diseased. Twelve were positively identified as being in direct continuity with tooth pathology.

In conclusion, since the maxilla is built about the maxillary sinus, a better knowledge of the relations of this sinus, and its floor will enable one to understand the surgery of the maxilla and its alveolar border. This includes the extraction of the teeth of the upper jaw, neuralgia and foci of infection. This is especially true of diseases originating in the teeth or alveolar border but involving the sinus. Correct anatomical knowledge of this cavity is of vital importance for proper interpretation of roentgenograms.

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<sup>10</sup>Blum, Theodore. The Oral Surgeons Position in Diseases of the Maxillary Sinus. Dental Outlook, April, 1931.

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Dr. Mustian showed slides which well illustrated his lecture and brought more forcibly to mind the complexities and variabilities of these parts.

#### *President Jackson:*

I wish to thank you Dr. Mustian for your splendid paper as you have presented it.

There was an announcement concerning the meeting of the House of Delegates.

I have just been reminded of the fact that we have not formally recommended to Governor Ehringhaus that Dr. J. N. Johnson should be reappointed on the State Board of Health. Is there a motion or resolution or something that will place him in proper line for this reappointment?

#### *Dr. J. Martin Fleming:*

In view of the changes that have taken place before the North Carolina Board of Health and in view of the appropriation for health work being cut down to almost nothing, I think that it would be an injustice for dentistry to recommend anybody at all except Dr. Johnson to succeed himself on the State Board of Health. I have been to see the Governor three times and carried endorsements from practically every district in the State, and carried the official endorsement of the officers to the Governor. While we have every reasonable assurance to believe that the Governor will reappoint him, he has not committed

himself. These endorsements of Dr. Johnson have all gone in, but it seems that the appointment is still open, and I know it will be the pleasure of this Society to give the unanimous endorsement to Dr. J. N. Johnson to succeed himself. Therefore, I move that the Secretary be instructed to write the Governor and tell him that it is the unanimous hope of this Society that he will reappoint Dr. J. N. Johnson to succeed himself.

*Dr. E. B. Howle, Raleigh:*

I second the motion.

*President Jackson:*

Is there any discussion? (Pause.) We will vote on the motion.

The motion was unanimously carried.

I wish to thank Dr. Martin Fleming for what he has done on behalf of Dr. Johnson. I assure you that the Society appreciates it.

*Dr. J. Martin Fleming:*

I would like to have that sent to the Governor at once.

*President Jackson:*

Is there anything else to come before the general session? (Pause.) If not, I declare the general session adjourned.

At 12:25 o'clock, p.m., the general session adjourned.

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### THIRD DAY—THURSDAY, JUNE 8, 1933

#### MEETING OF HOUSE OF DELEGATES

The House of Delegates was called to order at 12:25 o'clock p.m., Thursday, June 8, 1933, by President Wilbert Jackson.

*President Jackson:*

The House of Delegates will come to order. What is your pleasure?

*Dr. J. H. Wheeler, Greensboro:*

The Committee on the President's Address has the following to report. I was still under the impression that the report should be made at the general session, but I hope you will accept it as a special message to the House of Delegates.

# REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS

The fine message of our President reflects the same spirit that he has manifested through the two years as President-Elect and President. He has given unstintingly of his time and thought for the advancement of dentistry. He has presided with fairness and courtesy to all and has opened and closed the sessions on time. We heartily commend his message for your careful perusal and for your study.

Your committee referred recommendations one and two to the Resolutions Committee for submission to the House of Delegates. These were passed. We also advocate the adoption of recommendations three, four, and five.

J. H. WHEELER, *Chairman*.  
WALLACE F. MUSTIAN,  
OSCAR HOOKS.

*President Jackson:*

You have heard the report. What will you do with it?

*Dr. J. Martin Fleming, Raleigh:*

I move that the report be adopted.

The motion was seconded and unanimously carried.

*Dr. C. E. Minges, Rocky Mount:*

I have a resolution I would like to read.

"By the untiring efforts of Dr. Branch, North Carolina stands out as foremost in the nation in Oral Health Work. This committee wishes to commend Dr. E. A. Branch for the efficiency of the Oral Health Department and the incomparable health program fostered by him.

"Listening to the fine paper read before the Society by Dr. Camahner, President of the National Board of Dental Examiners, outlining tentative Dental Education for the information of the public; we respectfully submit the following resolution:

"That all public dental education be released through a properly constituted state health organization, viz.: The Dental Division of the State Board of Health."

*President Jackson:*

You have heard the report of the Resolutions Committee. What will you do with it?

*Dr. E. B. Howle, Raleigh:*

I move that it be adopted.

The motion was seconded by Dr. Neal Sheffield and unanimously carried.

*President Jackson:*

Is there another one?

*Dr. C. E. Minges:*

That is all except the one about Dr. J. N. Johnson, and that has already been taken care of.

*President Jackson:*

Any other committee to report?

*Dr. V. E. Bell, Raleigh:*

Your State Institutions Committee respectfully submits the following report:

So far as we can ascertain, the dental work is being taken care of in the following institutions:

State Hospital (Raleigh), State Prison, State Sanatorium, School for the Blind, Orthopedic Hospital, Caswell Training School, State Hospital (Goldsboro), Samarcand, Jackson Training School, State Farm Colony.

The following institutions do not have adequate dental service:

State Hospital (Morganton), School for Deaf and Dumb.

The committee would like to recommend that the services of a dentist be secured to take care of the work in these two institutions in Morganton.

VICTOR E. BELL, *Chairman.*

J. R. EDWARDS,

OSCAR HOOKS,

J. L. ASHBY,

JOHN R. PHAIR.

*President Jackson:*

You have heard the report, what will you do with it?

*Dr. P. E. Jones, Farmville:*

I move that the report be adopted.

The motion was seconded by Dr. C. I. Miller and unanimously carried.

*President Jackson:*

Are there any other reports.

*Dr. J. T. Lasley, Greensboro:*

The report of the committee composed of the secretaries of the districts to recommend a change in the By-Laws for back dues has been handed to Dr. Pridgen.

“Members who have been dropped from the list shall be reinstated with the payment of the current year’s dues and a penalty of five dollars (\$5.00). The five dollars (\$5.00) to be divided: three dollars (\$3.00) to the State Secretary, and two dollars (\$2.00) to the District Secretary; and that this shall be in effect for a period of one year, beginning January 1, 1934, and ending January 1, 1935, unless the Executive Committee sees fit to make it permanent.”

*Secretary Pridgen:*

“We, the secretaries of the District Societies in North Carolina, recommend the following members in arrears in excess of one year be allowed to pay the current dues and a five dollar penalty for reinstatement.”

*Dr. J. T. Lasley:*

I have another resolution, but I understand Dr. Pridgen has the same thing.

*President Jackson:*

You have heard the recommendations of the secretaries of the various districts, what will you do with it?

*Dr. J. N. Johnson, Goldsboro:*

It seems like that rather burdens the Society with an indebtedness to the National.

*President Jackson:*

Pardon me, Dr. Johnson, but the idea was to get them reinstated in the State Society. If they should pay the twelve dollars back dues, the National does not get any of that twelve dollars. It only gets the dues as of today. That is my understanding, and that was our understanding. I do not know why they recommended five dollars to the district and State.

Gentlemen, you have the recommendation. What is your pleasure?

*Dr. J. N. Johnson:*

I move that it be adopted.

*President Jackson:*

Is it necessary that there be a change in the Constitution and By-Laws to do this?

*Dr. N. Sheffield, Greensboro:*

I would like to ask when this would go into effect.

*President Jackson:*

January 1, 1934, as I understand it. Would it be necessary to change the Constitution and By-Laws?

*Dr. N. Sheffield:*

I would say it would.

*Dr. J. T. Lasley:*

We discussed that, and understand that the Constitution and By-Laws will not have to be changed.

*Dr. J. Martin Fleming:*

You appointed me on a committee to catalogue the changes made in the Constitution and By-Laws since 1928, and in looking over those changes, reading page by page each year, I find somewhere in there we have voted that a resolution introduced would, if adopted, become a part of the Constitution. In that paper I handed in I state on what page and what year you will find any motion was passed and my idea is that we keep all those things in form, and when we rewrite the Constitution we will put it in. It looks like things are developing so rapidly that we will have to rewrite the Constitution about every six to ten years. We are almost to the place now where we will have to rewrite it to keep things straight. Have I made myself clear.

*Dr. P. E. Horton, Winston-Salem:*

Is that expressing a time limit?

*Dr. J. Martin Fleming:*

No. I don't know that I understand your question.

*Dr. P. E. Horton:*

I haven't asked a question. This resolution renders some of our Constitution and By-Laws not in effect. I just want to know if there is a time limit on that resolution.

*Dr. J. Martin Fleming:*

It will remain in force until we take other action, as I understand it.

*Dr. Paul Fitzgerald, Greenville:*

As a member of this committee, I did not concur in the resolution. I have always been governed by the majority, but this morning I would like to voice a minority report. I have been quite a stickler for the *status quo*. I think that the penalty is not too great. I want to give you one or two reasons if you will bear with me a moment. I have been Secretary probably longer than some of you men who act as a District Secretary. I have found those men who drop out of the Dental Society do not do it primarily or very often for financial reasons. I have found in my experience that they have developed some contacts which pull them away and they gradually drop out. I grant that those men need the Society and that the Society needs those men. I don't think we are going to get very many men in by reducing the penalty to five dollars. I think the most men we get in for a year will probably drop out again, and I think, gentlemen, we should put a premium on membership in the North Carolina Dental Society.

*President Jackson:*

You have heard the official minority report of Dr. Fitzgerald. Are you ready for the question? We will consider the minority report first.

*Dr. P. E. Jones, Farmville:*

It seems we ought to have some more discussion of this proposition. This is really a major change in the rules and regulations we have been abiding by. Personally, I differ with Dr. Paul Fitzgerald, though neighbors and the best of friends, but there is too large a barrier between membership in the North Carolina Dental Society and some fellows we are always fussing with ourselves about not having among us and if we can lower the barrier and bring in some of these fellows without

hurting our pride and integrity, I think it should be done, but I certainly do not think we should decide this question right off the bat without some deliberation. I think we ought to have more discussion. Personally, I think that the five-dollar figure is probably the right figure to place it at. I am in favor of the majority report.

*Dr. E. B. Howle, Raleigh:*

I feel like Dr. Phin Horton's suggestion is very good. I think the majority report should be adopted on this resolution and we add that we should try it this year and see if the results are satisfactory.

*President Jackson:*

Dr. Lasley, would the committee add that to the majority report.

*Dr. J. T. Lasley, Greensboro:*

Personally, this was more or less in line with the membership drive now on with the National Dental Association. That is what prompted us to think about this. I believe that the plan would be of benefit in my district. I do not know about the situation in Dr. Fitzgerald's district. His friends may be more prosperous than they are in my district. I am continually hearing that the penalty is too high. That is what prompted us to draw up this resolution. As for myself, I would be glad to include Dr. Howle's suggestion in the resolution.

*Dr. P. E. Horton, Winston-Salem:*

This is a question of finances, pure and simple. The fellows up our way are not making much, and that is the excuse they give us for not coming back in the Society. I second Dr. Howle's suggestion that it run for one year.

*Dr. F. O. Alford, Charlotte:*

In Charlotte we have a bunch of young men who have been suspended, and they all say they would like to come back into the Society, but that the penalty of twelve dollars is too much. I believe if we reduce the penalty to five dollars, we will be able to get those fellows back in. I think Dr. Howle's plan is a mighty good one. It suits me if it suits the other secretaries.

*Dr. J. E. L. Thomas, Tarboro:*

I would like to make an observation. Paul Jones was President one year, and he put on a membership campaign and we never had any trouble in getting members. The majority of those members dropped out. They will begin to drop out again when the dues again become due. I am fully convinced that money has nothing to do with it. I don't believe it has a thing to do with it, so far as individual dentists are concerned. If you make it for one year and it does not become effective until January 1 of next year, and runs to January 1, 1935, after you have the State meeting, what are you going to do then?

*President Jackson:*

Take it up at the next State meeting.

Is there any further discussion?

*Dr. N. Sheffield, Greensboro:*

I feel this way. If there is anything wrong with the dues, that they should have been changed for the entire membership. That cannot be done without changing the Constitution and By-Laws. I do not feel that reducing the penalty to five dollars will make any great difference. I believe that the man who is out is more or less out by his own choice, and I have in mind several men who claim that they haven't got the twenty-four dollars. If you will look around you, you will find that they belong to the Country Club and two or three dance clubs, and go out and spend a hundred and fifty dollars for other things, but still they cannot afford membership in the State Society. I think it is nine-tenths indifference.

*Dr. C. I. Miller, Albemarle:*

I am bound to concur with Dr. Neal Sheffield. In our own locality I see that. Men are on the border line and they have time to take off two to three weeks in the summer in the mountains or on a fishing trip, and belong to the Country Club and play golf two to three days a week, and I do not believe it will help things much by letting the bars down.

*President Jackson:*

Any further discussion. (Pause.) We will vote on the amendment limiting it to one year first. Do you care to incorporate that in your report?

*Dr. J. T. Lasley:*

We accept that.

*President Jackson:*

The question is the adoption of the minority report. Those in favor say "Aye," those opposed "No." Please stand and be counted by the Secretary. Those in favor. Those opposed.

I declare the minority report lost.

Those in favor of adopting the resolution with the amendment that it shall only be effective from January 1, 1934, to January 1, 1935, say "Aye."

I declare the resolution adopted. Is there any other report?

*Dr. F. O. Alford, Charlotte:*

#### REPORT OF PUBLICITY COMMITTEE

The Publicity Committee wishes to submit the following report:

Beginning in October, 1932, fourteen dispatches went over the Associated Press and the United Press. Beginning about two months prior to the meeting twenty-nine articles were released through the University News Bureau. This service covered 45 morning and afternoon newspapers throughout the State, also the three press associations.

One three column cut carrying eleven photographs of the officers and speakers from the State was used Sunday, June 4th. One three column cut carrying six photographs of out-of-state speakers was used last week. One one column cut of principal officers was used each day during the meeting.

The committee wishes to express their sincere appreciation to Mr. R. W. Maddry, the University News Bureau, the Associated and United Press and the newspapers throughout the State for co-operating with us in this publicity movement.

Respectfully submitted,

F. O. ALFORD, *Chairman.*

*President Jackson:*

You have heard the report. What will you do with it?

*Dr. P. E. Jones, Farmville:*

I move we adopt it.

The motion was seconded by Dr. C. I. Miller and unanimously carried.

*Dr. E. A. Branch, Raleigh:*

#### REPORT OF THE ORAL HYGIENE COMMITTEE

Lectures on mouth health have been delivered in every section of the State to approximately 250,000 people by the Division of Oral Hygiene of the State Board of Health.

E. A. BRANCH, *Chairman*.

*President Jackson:*

You have heard the report what will you do with it?

*Dr. N. Sheffield, Greensboro:*

I move that we adopt it.

The motion was seconded by Dr. J. Martin Fleming and unanimously carried.

*Secretary Pridgen:*

I have the report of the Ethics Committee.

#### REPORT OF THE ETHICS COMMITTEE

Your Ethics Committee has been prepared during the year to hear any cases involving the question of Ethics on the part of any member of the North Carolina Dental Society. To this date no charges of a violation of the Code of Ethics have been filed with this committee.

Respectfully submitted,

H. L. KEITH, *Chairman*.

J. C. WATKINS,

J. C. WHITEHEAD.

*President Jackson:*

What will you do with the report?

*Dr. P. E. Horton, Winston-Salem:*

I move that the report be adopted.

The motion was seconded by Dr. J. T. Lasley and unanimously carried.

*Secretary Pridgen:*

I have here the list of members who should be suspended for nonpayment of the year's dues.

Your Secretary-Treasurer wishes to report that the following members were one year in arrears on January 1, 1933, and are therefore to be suspended:

#### FIRST DISTRICT

|                    |                     |
|--------------------|---------------------|
| Dr. J. F. Campbell | Dr. H. W. Jordan    |
| Dr. W. K. Chapman  | Dr. W. J. Miller    |
| Dr. A. P. Cline    | Dr. Matt McBrayer   |
| Dr. W. E. Furr     | Dr. W. P. McGuire   |
| Dr. J. L. Geer     | Dr. H. S. Plaster   |
| Dr. I. K. Grimes   | Dr. H. L. Robertson |
| Dr. B. F. Hall     | Dr. L. E. Wall      |
| Dr. O. H. Hester   | Dr. J. F. Whisnant  |
| Dr. F. R. Wilkins  |                     |

#### SECOND DISTRICT

|                       |                   |
|-----------------------|-------------------|
| Dr. Geo. S. Alexander | Dr. G. L. Kreuger |
| Dr. C. A. Blackburn   | Dr. Rosebud Morse |
| Dr. R. C. Flowers     | Dr. H. R. Pearman |
| Dr. R. A. Frye        | Dr. J. R. Secrest |
| Dr. H. C. Herring     | Dr. R. R. Shoaf   |
| Dr. W. C. Houston     | Dr. B. C. Taylor  |
| Dr. C. C. Keiger      | Dr. L. A. Taylor  |
| Dr. O. B. Kirby       | Dr. H. B. Sapps   |
| Dr. J. W. Zimmerman   |                   |

#### THIRD DISTRICT

|                     |                   |
|---------------------|-------------------|
| Dr. Geo. G. Herr    | Dr. G. G. Scott   |
| Dr. J. G. Hickerson | Dr. C. N. Stone   |
| Dr. O. W. Holloway  | Dr. D. A. Walters |

#### FOURTH DISTRICT

Dr. W. G. Nimocks

#### FIFTH DISTRICT

|                      |                   |
|----------------------|-------------------|
| Dr. John I. Gale     | Dr. M. D. Bissett |
| Dr. R. S. Turlington |                   |

It has been customary for several years to permit the Secretary-Treasurers to make a final effort to collect these delinquent dues before the members are officially suspended. An extension of thirty days is therefore requested for this purpose.

Your Secretary-Treasurer wishes to report that the following members were entitled to Life Membership on January 1, 1933, by virtue of having paid annual dues for twenty-five consecutive years:

Dr. A. S. Cromartie, Fayetteville.  
Dr. J. H. Dreher, Wilmington.

D. L. PRIDGEN, *Secretary-Treasurer*.

I would like to ask that we be given thirty days in which to see if we cannot get some of these fellows to pay.

*Dr. J. Martin Fleming:*

I move that thirty days be allowed.

*Dr. C. C. Bennett, Asheville:*

I understand that Dr. Burrus has been transferred to the Second District. Second or Third?

*Dr. S. L. Bobbitt, Raleigh:*

Third. He paid from the Third District.

*Dr. J. T. Lasley:*

He paid one year's dues yesterday.

*Dr. E. B. Howle:*

Dr. P. L. Pearson of the Fourth District has retired from active practice. I move we put him on the inactive list.

The motion was seconded and unanimously carried.

*President Jackson:*

Dr. Pearson will be placed on the retired list.

*Dr. P. E. Jones, Farmville:*

I notice that Dr. Bland is listed in the Third District. He is at this time in the Fifth District. He is in attendance and his dues are paid.

*President Jackson:*

The question is the passage of Dr. Martin Fleming's motion to allow thirty days time to Secretary Pridgen.

The motion was unanimously carried.

Are there any other reports?

*Dr. F. O. Alford, Charlotte:*

Dr. J. S. Hoffman of Charlotte was in good standing at the time he gave up practice. I did not get a chance to bring that up yesterday. I would like to make a motion that Dr. Hoffman be put on the inactive list.

*Dr. J. Martin Fleming:*

Were his dues paid up when he quit?

*Dr. F. O. Alford:*

Yes.

*Dr. J. Martin Fleming:*

I second the motion.

The motion was unanimously carried.

*Dr. J. P. Jones, Chapel Hill:*

I would like to make the report of the Entertainment Committee.

#### REPORT OF THE ENTERTAINMENT COMMITTEE

At a meeting of the Durham-Orange Society in January it was decided to give a barbecue to the Society as a whole, to be paid for entirely by the members of this unit. This has been carried out in detail through the Entertainment Committee, being scheduled at six o'clock at University Lake, on Tuesday, June 6.

For Wednesday morning the committee planned trips about the campus and gardens of Chapel Hill for the ladies. This was arranged through the coöperation of the Chapel Hill Garden Club under the directions of Miss Josie Pritchard and Mrs. Grumman to whom we wish to express our thanks. We also desire to express our appreciation to the members of the Durham-Orange Society for furnishing automobiles with drivers to carry the ladies on this trip.

Wednesday afternoon we planned a tea under the supervision of Mrs. Frank Graham and the ladies of the Durham-Orange Society to take place at the President's Home. We wish to express our appreciation to Mrs. Frank Graham, Mrs. J. P. Jones, Mrs. R. R. Clark, and the other ladies for their coöperation and work in making this part of the entertainment possible.

Wednesday evening at 6:30 we planned the annual banquet at Swain Hall, with a delightful meal and excellent entertainment. We wish to extend our thanks to the following for their hearty coöperation in helping to make this occasion successful: R. B. House, Toastmaster, Mrs. Wettach of Chapel Hill for singing, O. F. Richardson for leading group singing, Dr. J. S. Hooker for piano accompaniment, Patterson Sisters of Chapel Hill for singing and dance numbers—all at no expense to the Society. We engaged the Carrboro String Band and Lamar Stringfield Trio at a nominal sum for music for this entertainment.

Wednesday evening at 10:00 p.m. we planned the annual dance to take place at the Carolina Inn with music being furnished by Jelly Leftwich and his orchestra. Favors for the ladies have been obtained for this occasion. The dance is to be given as compli-

mentary to those purchasing banquet tickets—to others there is a charge of 50 cents to help in part defray expenses.

Thursday morning at 10:30 we have planned talkies at the Carolina Theatre through the very generous offer of the manager, E. C. Smith, to whom we wish to express our great appreciation. This invitation was extended by Mr. Smith to the ladies and Society as a whole—at no expense to the Society. The picture was a first class one, entitled "I Love That Man" starring Nancy Carroll and Edmund Lowe.

I wish to report also work in regards to the special issue of the Chapel Hill Weekly paper that was sent to each member of the Society in the State. This will also probably be reported under the Publicity Committee. Acting under Drs. Alford and Jackson I was allowed an expense of \$5.00 towards paying for postage for such a project. Consulting Mr. Graves, the editor, he agreed to do this provided I could sell enough advertising to justify his entering into such a scheme, whereupon I sold the specified amount and he put out this partial special issue to every dentist in the State. This paper was mailed on Thursday night June 2, and should have reached every man in the State by Saturday. I wish to express to the following concerns in Chapel Hill, appreciation for helping to make this project possible: MacMillan Motor Company, University Service Station, Strowd Motor Company, Johnson-Prevost Dry Cleaners, Carolina Smoke Shop, and University Barber Shop, also to Mr. Maddry of the Publicity Department of the University.

J. P. JONES, *Chairman.*

*President Jackson:*

You have heard the report. What will you do with it?

*Dr. P. E. Jones, Farmville:*

I move that it be accepted.

The motion was seconded by Dr. F. O. Alford and unanimously carried.

*Dr. J. P. Jones:*

I would like to give this expense incurred by the Entertainment Committee. To date we have paid telephone, \$4.00; printing, \$7.25; the tea, \$15.00; orchestra, \$75.00; Carolina Inn for the dance, \$10.00; string band, \$4.00; mailing papers, \$5.00; a bill of \$6.00; incidentals, \$12.00. I do not remember the number of tickets we sold to the banquet, but the total expense of the banquet, including everything is \$319.90.

*Dr. J. Martin Fleming:*

I was rather struck with the report Dr. Pridgen made of the members who were entitled to become life members by reason

of twenty-five consecutive years payment. In the last few years, there have been some names in there that did not belong there. I would like to make a motion that the Secretary investigate all those names on the twenty-five year plan and see if they all belong there.

*Dr. J. S. Betts, Greensboro:*

I would like to second the motion.

*President Jackson:*

Is there any discussion?

*Secretary Pridgen:*

I would like to say that some of you who have served in this office realize that is a rather big task. I am willing to do it. I will state that some of the records in the years gone by were run so it is practically impossible to tell what they mean. I will try it, however.

The motion was unanimously carried.

*Dr. Z. L. Edwards, Washington:*

I have the report of the Executive Committee.

#### REPORT OF EXECUTIVE COMMITTEE

The first meeting of the Executive Committee was held at Elizabeth City before the adjournment of our 1932 Convention. At this time a tentative date for the 1933 Convention was set and Dr. Fred Hale was reelected to succeed himself as Editor-Publisher. The date set at first was not satisfactory but was the best that could be secured at that time due to the necessity of waiting until Summer School at the University closed. Your President, Dr. Jackson, realizing that a date in July or August would not be as desirable a time to hold our Convention as would be a date early in June, made a special trip to Chapel Hill to request the University authorities to give us a date immediately following commencement and before the opening of the summer school session. To this request the University officials readily responded with a willingness and spirit of coöperation that impressed us with their desire to serve our every convenience.

The next meeting was held jointly with the Program Committee at the Carolina Hotel, Raleigh, N. C. At this time the finances and program for our 1933 Convention were discussed and a tentative budget was adopted. It was the consensus of opinion of the members of these committees that the North Carolina Dental Society being more or less a service organization, should continue to serve its members by giving them the benefit of their dues in arranging the

best program possible with the amount of funds available. This we feel has been done.

We desire to commend the able and constructive leadership of our President, Dr. Wilbert Jackson, during the past year. He has not only shown his ability to serve but has demonstrated many times his desire and willingness to render unselfish service.

Our Secretary, Dr. D. L. Pridgen, deserves commendation for the able manner in which he has performed the duties of his office. He has shown both initiative and efficiency.

The office of Editor-Publisher is one of the most important offices in the society, and to perform its duties with efficiency requires the ability, tact and diplomacy of a man that makes his selection not an easy task. Your committee desires to express its sincere appreciation to the present incumbent, Dr. Fred Hale, of Raleigh, for the efficiency with which he has served the Society in publishing its proceedings and editing the BULLETIN.

Time does not permit our mentioning the names of every man who has served so ably his Society this year, but we do desire to make special mention of the good work of the Chairman of the Legislative Committee, Dr. J. Martin Fleming. He was the guardian angel of our legislative activities and being ever alert kept the members of his committee informed and was ready to call them into session whenever circumstances required it.

The General Arrangements and Entertainment Committee have provided as nearly as possible for our every comfort and convenience. The University authorities have coöperated with us to the fullest extent, and the citizens of Chapel Hill have at all times been most cordial and hospitable.

Our Publicity Chairman, Dr. F. O. Alford, of Charlotte, through his untiring efforts and the coöperation of the Press have given this meeting splendid publicity.

We, your committee, commend the efforts of these and the services of each and every one who have contributed to the success of this meeting for your consideration.

Signed

Z. L. EDWARDS, *Chairman.*

W. F. CLAYTON,

R. M. OLIVE.

*President Jackson:*

You have heard the report of the Executive Committee. What will you do with it?

*Dr. J. Martin Fleming:*

I move that it be accepted.

The motion was seconded by Dr. P. E. Jones, and unanimously carried.

*Dr. J. S. Betts, Greensboro:*

I have the report of the Clinic Board of Censors.

The Clinic Board of Censors begs leave to report that the clinics presented at this meeting were gratifyingly numerous, as well as meritorious to a very high degree.

We are exceedingly delighted to have again had with us a group of clinicians from our sister State to the North of us. They brought to us, as usual, clinics from which we gained many valuable points to aid us in giving better health service to the public.

The clinics brought us by Doctors Rickert, Dement, and Sheffield were most interesting, instructive, and were witnessed by large numbers.

Especially well did our own clinicians meet the opportunity and demands of the occasion. Your committee approves of the action of your President and his associates in selecting suitable and capable clinicians from our membership to appear on the A. D. A. program at the Chicago meeting. The reason these selections and appointments were so made was due to the fact that the Program Committee of the A. D. A. pressed for the names of the clinicians in order to include them in the printed programs about to go to press.

Respectfully submitted,

J. S. BETTS,  
J. W. WHITEHEAD,  
A. PITT BEAM,  
A. D. BARBER,  
J. M. HOLLAND,  
H. E. NIXON.

*President Jackson:*

You have heard the report. What will you do with it.

*Dr. A. Pitt Beam, Shelby:*

I move that the report be accepted.

*Dr. D. E. McConnell, Gastonia:*

I second the motion.

The motion was unanimously carried.

*President Jackson:*

Are there any other reports?

*Dr. Z. L. Edwards, Washington:*

This is not a report, but I would like to call to your attention the resolution which we adopted a few minutes ago in deciding the time. I believe the time was set to begin January, 1934, and run to January, 1935. Do you realize if you set it beginning then and running twelve months, you are having an interval of six months before any official body will meet

to take action to say whether or not it has been a success or failure. Now, in order to be exact about that, don't you think we should do something about that time?

*Dr. G. L. Hooper, Erwin:*

We decided that we would put it at a distinct date, so that there would be no come back against us. Between January and the next meeting, we can find out just what is going on.

*Dr. E. B. Howle:*

Men cannot be taken back until the meeting of the District Society, and that would apply on next year. We will know by the time of the next State meeting whether or not it is a success.

*President Jackson:*

Dr. Edwards, don't you think Dr. Howle's explanation satisfactory.

*Dr. Z. L. Edwards:*

Yes, sir.

*President Jackson:*

Are there any other reports.

*Dr. E. B. Howle:*

I had intended making a report on behalf of the State Board of Dental Examiners and I had intended making that report a very full report of the actions of the Board in regards to the recent hearing of Dr. J. E. Owens, because I felt like it would be of considerable interest to the dentists of the State. In view of the fact that the hearing of Dr. Owen's case was only completed last Tuesday, and I have not been able to get up that full report, I would like to be able to write the report up and mail it to the Secretary later.

*President Jackson:*

Without objection that will be done.

*Dr. J. Martin Fleming:*

I move that Dr. Howle be granted that privilege.

The motion was seconded and unanimously carried.

REPORT OF THE SECRETARY OF THE BOARD OF  
DENTAL EXAMINERS

The following is the report of the transactions of the North Carolina State Board of Dental Examiners to the Governor as of January 1, 1933:

*"To His Excellency, J. C. B. EHRLINGHAUS,  
Governor of North Carolina,  
Raleigh, N. C.*

DEAR SIR:

In accordance with the provisions of the Dental Law, I beg leave to hand you, herewith, a report of the proceedings of the North Carolina State Board of Dental Examiners for the year 1932 A. D.

A special meeting of the Board was held in Elizabeth City at the Virginia Dare Hotel, on Tuesday, May third, all members being present. There being no business, the Board adjourned until the annual meeting at Raleigh.

At the annual meeting of the North Carolina Dental Society at Elizabeth City, Dr. C. E. Minges of Rocky Mount was elected a member of the Board to succeed Dr. W. T. Martin of Raleigh and Dr. H. C. Carr of Durham to succeed Dr. J. S. Betts of Greensboro. These new members were duly commissioned by Governor O. Max Gardner.

The fifty-second annual meeting of the Board for the purpose of examining applicants for license to practice dentistry in this State, was held in Raleigh on June 27, 28, 29 and 30, 1932, all members being present, President J. S. Betts, presiding.

Thirty-one applicants having complied with the requirements of the Board were declared qualified and were permitted to take the examinations. Written examinations were held in the State Capitol Building; the clinical work at the State Prison. We desire especially to acknowledge the many courtesies extended to us by the prison authorities, by reason of which the efficiency of the examinations was greatly enhanced.

At the regular business meeting, the Secretary's report to the Governor as of January 1, 1932, was read and accepted. The minutes of the last meeting were read and approved.

It was voted that a special meeting of the Board for the purpose of tabulating the grades be held at the King Cotton Hotel in Greensboro at 6:30 o'clock p.m. Saturday, July 16th.

The Secretary reported the following indictments:

(1) Dr. W. O. McGill of Asheville who paid the required application of twenty dollars (\$20.00) when faced with a warrant for arrest.

(2) Dr. R. D. Mahood of Henderson who left the State to prevent service of warrant for arrest.

(3) Mr. Harold Foster who was prosecuted for practicing dentistry in the office of Dr. J. E. Owen of Asheville without license. Mr. Foster was convicted in city court and fined twenty-five dollars

(\$25.00) and costs. He appealed to the Superior Court, bond being fixed at two hundred dollars (\$200.00).

(4) Dr. M. R. Waddill of Fair Bluff, who is described by our attorney as being very old, claims to have been practicing prior to 1879. In view, therefore, of the fact that his practice, at present, is very limited and that the date of his beginning practice could not be definitely determined, our attorney deemed it unwise to proceed further, especially since Dr. W. A. Taylor of North Wilkesboro, who initiated the action against Dr. Waddill concurs.

Dr. John A. McClung was elected President; Dr. E. B. Howle, Secretary-Treasurer.

In July the Superior Court upheld the verdict of the Asheville City Court, in regard to Mr. Harold Foster. Appeal was made to the North Carolina Supreme Court, but the appeal was not completed. The fine and the costs were thereupon paid by the bondsman, Dr. J. E. Owen.

A special meeting of the Board was held at the King Cotton Hotel in Greensboro at 7:00 o'clock p.m. Saturday, July 16, 1932. At this meeting results of the recent examinations were tabulated and it was found that the following applicants for dental license, having made grades of 80 or more had passed and were, thereupon, issued license to practice dentistry except Dr. C. R. Graves whose license was issued later upon presentation of his diploma:

|                              |                       |
|------------------------------|-----------------------|
| Agoos, Bernard S.....        | Thomason, Ga.         |
| Atwood, Theodore, W.....     | Durham, N. C.         |
| Banks, Paul C. (Col.).....   | Burlington, N. C.     |
| Bowling, William W.....      | Durham, N. C.         |
| Brooks, Herman L.....        | Monroe, N. C.         |
| Butler, Hubert E.....        | Athens, Ga.           |
| Cook, Dennis S.....          | Lenoir, N. C.         |
| DeHart, Velner L.....        | Floyd, Va.            |
| Denton, Ernest C.....        | Whitakers, N. C.      |
| Eure, Darden J.....          | Eure, N. C.           |
| Ewers, James B. (Col.).....  | New York, N. Y.       |
| Froneberger, H. D.....       | Bessemer City, N. C.  |
| Graves, C. R. (Col.).....    | Elizabeth City, N. C. |
| Haines, Harold B.....        | Altoona, Pa.          |
| Heartwell, Chas. M., Jr..... | Lawrenceville, Va.    |
| Kendrick, Vaiden B.....      | Charlotte, N. C.      |
| Kendrick, Zebulon V.....     | Charlotte, N. C.      |
| Long, T. E.....              | Roxboro, N. C.        |
| Miller, W. L. T. (Col.)..... | Greensboro, N. C.     |
| Nichols, George C.....       | Sylva, N. C.          |
| Parker, William E.....       | Suffolk, Va.          |
| Pringle, James M.....        | Lawsonville, N. C.    |
| Shepard, Robert P.....       | Southern Pines, N. C. |
| Turner, Joseph H.....        | Chase City, Va.       |
| Wells, Samuel P., Jr.....    | Holly Hill, S. C.     |
| Whittington, P. B., Jr.....  | Greensboro, N. C.     |

The following failed:

|                           |                      |
|---------------------------|----------------------|
| Baynes, Phillip S.....    | Roxboro, N. C.       |
| Boykin, A. E. (Col.)..... | Raleigh, N. C.       |
| Crotts, H. K.....         | Winston-Salem, N. C. |
| Mumford, Bruton L.....    | Kinston, N. C.       |
| Wariner, Wm. H., Jr.....  | Ruffin, N. C.        |

After disposing of minor routine matters, the Board adjourned at 10:00 o'clock p.m.

Attached hereto is the financial statement from January 1, 1932, to January 1, 1933, as compiled by the Secretary-Treasurer, Dr. E. B. Howle and audited by R. C. Carter and Company, Certified Public Accountants, of Raleigh, N. C., showing a balance in the Wachovia Bank and Trust Company of Raleigh, of two hundred, fourteen dollars and fifty-three cents (\$214.53).

Attention is called to the receipt of a dividend of seventy-three dollars and twenty-three cents (\$73.23) paid by the closed Commercial National Bank of Raleigh, leaving a balance due of two hundred, ninety-two dollars and ninety-four cents (\$292.94). It is expected that a part of this may be recovered."

## NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS Raleigh, North Carolina

### CASH RECEIPTS AND DISBURSEMENTS

From January 1, 1932, to December 31, 1932

Balance January 1, 1932.....\$ 366.17

#### RECEIPTS

|                        |               |           |                   |
|------------------------|---------------|-----------|-------------------|
| Licenses .....         | 833 @ \$ 1.00 | \$ 833.00 |                   |
| Examination Fees ..... | 31 @ 20.00    | 620.00    |                   |
| Penalties .....        | 13 @ 5.00     | 65.00     |                   |
| Reinstatement .....    | 5             | 55.00     |                   |
| Certificates .....     | 3 @ 5.00      | 15.00     | 1,588.00          |
| Total .....            |               |           | <u>\$1,954.17</u> |

#### DISBURSEMENTS

##### *Per Diem and Expenses:*

|                           |          |           |
|---------------------------|----------|-----------|
| Betts, Dr. J. S. ....     | \$ 58.88 |           |
| Bivens, Dr. S. B. ....    | 74.53    |           |
| Howle, Dr. E. B. ....     | 66.63    |           |
| Martin, Dr. W. T. ....    | 60.43    |           |
| McClung, Dr. J. A. ....   | 74.33    |           |
| McConnell, Dr. D. E. .... | 73.78    | \$ 408.58 |

|                                          |           |
|------------------------------------------|-----------|
| Salaries, Secretary and Assistant.....   | \$ 200.00 |
| Postage, Stationery, Printing, etc. .... | 371.11    |
| Examination Expense .....                | 206.79    |
| Attorney's Fees .....                    | 164.00    |

|                                 |    |       |            |
|---------------------------------|----|-------|------------|
| Audit .....                     | \$ | 25.00 |            |
| National Association Dues ..... |    | 25.00 |            |
| Travel .....                    |    | 24.70 |            |
| Luncheons .....                 |    | 15.00 |            |
| Bad Checks—Not Redeemed .....   |    | 6.00  |            |
| Taxes on Checks .....           |    | .52   | \$1,446.70 |

*Balance:*

|                                         |    |        |           |
|-----------------------------------------|----|--------|-----------|
| Commercial National Bank (Closed) ..... | \$ | 292.94 |           |
| Wachovia Bank and Trust Company .....   |    | 214.53 | \$ 507.47 |

Pursuant to accusations against Dr. J. E. Owen of Asheville by the dentists of the First District, the Board on Tuesday, June 6th, revoked the license of Dr. Owen. Appeal has been made to the Superior Court. Space permitting a full report of this case will be published in a future BULLETIN.

Respectfully submitted,

E. B. HOWLE, *Secretary-Treasurer.*

*President Jackson:*

Is there anything else to come before the House of Delegates?

*Dr. Paul Fitzgerald, Greenville:*

I would like to ask for a ruling from the Chair. Two years ago the subject came up relative to life members and the four dollars fee. I brought before the members of our Executive Committee of the district and we decided that a life member, whether he paid the four dollars or not, should be accorded the privileges of the State meeting. I wanted that question settled because down in our district I have a man who does not wish to take the *Journal* and does not wish to pay the four dollars. We still bring him into our State meeting and extend him all the courtesies. What can he do to avoid paying the money over to the Fifth District. They are good dentists, and I want to know what to do about this.

*President Jackson:*

I am not making a ruling, but giving you an opinion of my own. I think they should be accorded the privileges of the State meeting. If they do not want the *Journal*, and yet they are interested in the profession, and have paid twenty-five years, I think they are still members of the State Society and are members of the component District Societies.

*Dr. Paul Fitzgerald:*

Just another point on that. When these men do not pay their American dues, we have no membership card. That pocket card gives them admission to the District, State, and American Society meetings. We are often held up for that.

*President Jackson:*

I think the Secretary of the district should issue a receipt and pass. I will hold, as President of the North Carolina Dental Society that when a dentist has paid twenty-five consecutive years and becomes a life member, that due to the fact he does not want to pay four dollars to the American the rest of his life, does not bar him from active membership in the North Carolina Dental Society. If I am wrong, I stand open for correction.

*Dr. J. Martin Fleming:*

That is right, but I think you will have to have a resolution changing the Constitution and By-Laws.

*President Jackson:*

I don't think so. Such a member is exempt from dues with this exception of the four dollars to the American Dental Association. I do not think you can shut him out of here because he does not pay that four dollars.

There is one other thing I want to incorporate in this matter: Some districts are charging their life members two dollars dues. I think if they are entitled to life membership without dues, and I think they are due a refund. If they just want to give the two dollars, of course there is no law against it.

Is there any other report?

*Dr. S. R. Horton, Raleigh:*

As the usual thing the men were picked for the clinics. There has been much interest manifested in the clinics, and we are grateful to the clinicians.

*President Jackson:*

You have heard the report of Dr. Horton's committee. What will you do with it?

It was moved, seconded, and unanimously carried that the report be accepted.

*President Jackson:*

The report is adopted. Is there anything else to come before the House of Delegates.

*Dr. F. O. Alford, Charlotte:*

Did we decide what to do about the offer Dr. Northington made us in his talk the other day? We should take some action on that.

*President Jackson:*

Thank you, Dr. Alford. We were about to get by that. I am not rushing, but we have got to get away from here. What will you do with the proposition as submitted to the Society by Dr. Northington? Action was deferred until this meeting of the House of Delegates. I await your discussion.

*Dr. E. B. Howle, Raleigh:*

We went into something like that on one occasion. We turned matters over to somebody and it turned out very unsatisfactory. With a membership of approximately four hundred, we would have to pay to this organization like it is, a right good amount of money. We would have to turn over to them approximately one thousand dollars. Let's leave it up to them to print their papers. We could not print our proceedings, and would have to pay them a thousand dollars also. I move that we decline the proposition.

*Dr. P. E. Jones, Farmville:*

I second the motion.

*President Jackson:*

Is there further discussion?

*Dr. J. Martin Fleming:*

Question!

The motion was unanimously carried.

*President Jackson:*

Is there anything else to come before the House of Delegates?

*Dr. P. E. Jones:*

Yesterday we deferred until today our decision as to what interpretation we would put on the plan of reorganization of the

American Dental Association. I believe the plan was we were to carry the new men for a year and a half from the time they took the Board. My understanding of the plan was we had to pay the American for the next year's dues. We deferred that until today.

*President Jackson:*

We adopted the resolution with that plan not clear.

*Dr. P. E. Jones:*

It was clear that we give our dues for a year and a half. It was not clear in my mind as to the four dollars. I think it is clear in our minds what we are going to do about it.

*President Jackson:*

Dr. Pridgen says it was left to the Executive Committee with full power to act on the matter.

*Dr. P. E. Jones:*

I make a motion that the House of Delegates go on record as opposed to paying the American four dollars dues for our men unless we have to carry them. We will carry men as long as they will and no longer.

*Dr. Paul Fitzgerald, Greenville:*

I suggest some report from the Executive Committee and then we can act on Dr. Jones' motion.

*Dr. P. E. Jones:*

My understanding is that we go on record as favoring the plan, but opposed to carrying the men in the National.

*President Jackson:*

Dr. Jones, in the Indiana plan they must pay the four dollars, not us. The student must pay the four dollars and not us.

*Dr. P. E. Jones:*

I don't like that much.

*President Jackson:*

I don't either, but we went on record leaving that up to the Executive Committee.

*Dr. Paul Fitzgerald:*

What about the districts? I know a district cannot make any ruling which contradicts a ruling of the State, and how about the district dues for that year. I would like to have a ruling of the Chair for the following year.

*President Jackson:*

That was my understanding. The districts would remit the dues. Let me get you clear. You want a ruling from the Chair as to whether to collect dues from the men who are reinstated.

*Dr. Paul Fitzgerald:*

No, sir, the new man. Does the District Society collect dues from the new men?

*President Jackson:*

No dues are collected from these men by the State Society or by its component parts under the Indiana plan. That was not really the Indiana plan. We thought it up and while we were working on it, they stole our thunder.

*Dr. J. Martin Fleming:*

What provision was made for designating a depository for the funds of the Society. Was that left to the Executive Committee?

*President Jackson:*

Yes, sir, Dr. Fleming.

Perhaps we had better let the record show that the motion was made, seconded, and carried to omit the discussion concerning the Charlotte affair from the proceedings.

*Dr. J. S. Spurgeon, Hillsboro:*

I have here the report of the Golf Committee.

Chapel Hill, N. C., June 7, 1933.

BE IT RESOLVED, by the North Carolina State Dental Society, that we hereby express our thanks and appreciation for the courtesies extended to the members of our Association who used the golf course and club house privileges in the playing of our annual golf tournament, and be it further

RESOLVED, that a copy of this resolution be sent to Mr. Hill by the Secretary.

DAN CARR, *Chairman.*

*President Jackson:*

You have heard the report, what will you do with it?

*Dr. J. Martin Fleming:*

I move its adoption.

The motion was seconded and unanimously carried.

*President Jackson:*

The motion is carried. A copy will be sent to Mr. Hill by the Secretary.

*Dr. E. B. Howle, Raleigh:*

Dr. Presnell and Dr. Hale appeared before the Medical Society of North Carolina and presented splendid papers, and we would like to incorporate them in the proceedings.

*Dr. C. I. Miller, Albemarle:*

I second the motion.

*President Jackson:*

It has been moved that the papers of Dr. Presnell and Dr. Hale read before the Medical Society be published in the 1933 proceedings.

The motion was put and unanimously carried.

*President Jackson:*

Is there anything else to come before the House of Delegates? (Pause.) If not, I declare the House of Delegates adjourned.

At 1:35 o'clock p.m., Thursday, June 8, 1933, the House of Delegates adjourned.

#### NUTRITIONAL DISTURBANCE IN RELATION TO DENTAL DISEASE

O. L. PRESNELL, D.D.S., Asheboro, N. C.

In our efforts toward the conservation of health we have come to attach very great importance to focal infections as contributing factors to degenerative diseases. With the increasing mass of clinical evidence which has emphasized the removal of foci of infection, the trend of modern thought has often assumed the attitude that degenerating tissue in any part of the body, when found to be infected, had its principal, if not only cause in the entry into that tissue of bacteria, and that with the removal of the focus of infection all con-

tributing factors would be eliminated. The many disappointments which have followed treatment based wholly upon this hypothesis would suggest that there are factors, other than bacterial, of equal or greater importance in their contribution to the degenerative process, and which demand proportionate consideration.

It is of great significance that quite universally new dental tissues are deemed to be the most common locations of focal infections that are considered to be causative of degenerative processes. This is explained by the fact that dental caries and periodontal disease are the most prevalent of all diseases among civilized people, that the tissues of the oral cavity are at all times exposed to outside influences, and that any break in the continuity of these tissues opens an avenue for the invasion of pathogenic organisms into the body.

While dental diseases are frequently found associated with other degenerative processes, and while they undoubtedly do contribute to functional and organic disorders, functional and organic disease may lead directly to tooth destruction. Furthermore in the light of our present knowledge, stress may be laid upon the fact that dental disease is a symptom of a systemic disturbance, that it is but one part of a disease picture brought about by a general functional upset, and that there are other parts of the picture which are a result of the same disturbance and which together with the dental disease form a complete picture which is itself indicative of the primary cause.

We can no longer consider dental caries and periodontal disease as being produced by purely local factors. We must discard neglect and lack of cleanliness as the primary cause, because we find excellent teeth in healthy mouths that have never known a tooth brush or the care of a dentist. Again we see widespread caries and gingival disturbance in a mouth in which prophylactic measures are diligently employed. Bacterial action cannot be considered the primary factor because the organisms associated with dental caries are found abundantly in the mouths of both the susceptible and the immune. While we do not possess a complete knowledge of the etiology of dental caries the great amount of research which has been done by a host of workers indicates quite conclusively that its prevention or control depends primarily upon adequate nutrition.

Price, Davis and others report an 85-90 per cent success in the control of caries, a general physical improvement, and a marked decrease in susceptibility to minor infections, in large groups of children, through correction and reinforcement of the diet. While there is not a uniformity of opinion among these investigators as to the stress which they place upon any particular nutritional or activating element, we cannot fail to be impressed with the uniformity of their clinical results. Some workers consider a deficiency of the fat-soluble vitamins as being the most important factor in the production of caries. Others place the emphasis upon a vitamin C deficiency. Still others upon a mineral deficiency alone or in combination with a deficiency of certain vitamins. A comparative study of their experimental and clinical data would indicate that there is no single agent which alone is responsible for the degeneration of dental tissues, rather that the degenerative processes are a

result of a constitutional imbalance which is itself incited by a deprivation of one or more of the agents required for normal cell function, and that bacterial action becomes a contributing factor only after tissue resistance has been lowered. This is more readily understood when we observe the response of tissue cells to nutritional changes.

First we would consider the normal cell, created for a specific purpose, dependent in its ability to function normally upon being nourished by a normal blood. In the absence of the required nutritional and activating elements we would not expect a normal functioning of that cell. If the cell fails to function normally degeneration occurs. When foods have been tested in living animals, it has been found that some very definite effects on the cells are obtained. For example, Howe observes that a deficiency of vitamin A has a pronounced effect upon the odontoblasts, the dentin forming cells, causing them to lay down bone instead of dentin. This results in a less dense and less resistant calcification of the tooth structure. Another strikingly characteristic change which follows this deficiency of vitamin A is that glandular and duct epithelium in great part of the body is replaced by a nonsecretory type. Glands thus become unable to perform their proper function, and, in the case of the salivary glands the character of the saliva is changed. As a normal saliva is a prerequisite in the maintenance of healthy oral tissues, any alteration in its character contributes to a lowered resistance of these parts.

Another striking change in the odontoblasts occurs when animals are fed on diets deficient in vitamin C. In from five to seven days the odontoblasts may be seen to have stopped forming dentin and the dental pulp to have shrunken away from the formed dentin. In a few more days the dentin begins to be resorbed or liquefied. The rapidity with which these cells resume activity after receiving a supply of vitamin C is remarkable, for upon the administration of orange juice new dentin formation begins within twenty-four hours. What really happens is that during a deficiency of vitamin C the cells in the connective tissues of the body cease to form intercellular substance. The early degeneration of the formative cells will make structural defects occurring during this period permanent. Further than this a hyperemia may be induced by the deficiency or by the degenerative process. Animal experimentation and clinical observation have shown that the blood supply of the pulp is a prime factor in dental calcification or decalcification. Cahn makes this statement: "Produce a definite hyperemia of the pulp and the dentin and enamel undergo decalcification."

Scurvy is definitely associated with a vitamin C deficiency. While a true case of scurvy is rarely encountered these days, it is easy to believe that a latent, unrecognized scorbutic condition is very prevalent. Inflammatory conditions of the gums ranging from a mild gingivitis to advanced pyorrhea are to be found in the mouths of a majority of the people of today. Excepting those cases of traumatic origin these can safely be considered as manifestations of a mild type of scurvy. The infection and pus in pyorrhea are secondary

factors which enter the picture only after the primary degenerative process has begun.

Not only for the building and repair of calcified structures, but for the maintenance of normal defense against dental and systemic disease, an adequate supply of calcium and phosphorus are necessary in the blood stream. Sherman states that the average American diet is deficient in these minerals. Furthermore the actual ingestion of an adequate amount does not guarantee its normal utilization. Calcium in particular demands a mildly acid condition of the intestine for its absorption. Vitamin D has been found to be absolutely necessary to mineral assimilation and fixation. Since a minimum amount of minerals are necessary for our daily metabolic processes in health, and an increased amount in disease, if the required quantities are not supplied from the foods, whether from a lack of calcium and phosphorus in the foods or a lack of activators to make them available, a draft will be made upon the storage in the bones and teeth. This condition constitutes an important factor in the development of dental and systemic disease, both by disturbing organ function and by lessening the body's capacity to fight infection.

It is well known that poorly calcified teeth are associated with rickets. Hess states that in eighty per cent of all cases of rickets there is a high blood calcium and a low blood phosphorus. Hawkins and others find that in active caries the same blood picture is found. In systemic pyorrhea, however, the calcium-phosphorus balance of the blood is the reverse of that found in caries, that is, a low calcium and a high phosphorus. Price finds a correlation between the mineral balances of the blood and of the saliva. That the establishment of a normal mineral ratio of the blood is followed by a normal mineral ratio of the saliva. As the resistance to dental disease is governed largely by the protective influence of the saliva, and as the character of the saliva reflects the character of the blood which is itself governed directly by nutrition, we have in malnutrition a disturbance of our most important defensive forces.

It is not my purpose to discuss in detail the many phases of nutrition, rather that this brief presentation of a few of the pathologic conditions which may result from nutritional deficiencies alone may serve to direct attention to the tremendous importance of the nutritional factor in the development of dental diseases and other degenerative processes.

Read before the North Carolina Medical Society, Raleigh, N. C., April 19, 1933.

## SOME PROBLEMS OF ETIOLOGY IN ORTHODONTIA

By G. FRED HALE, D.D.S., Raleigh, N. C.

Even the best would feel embarrassed by following a man as eminent in the field of medicine as Dr. Mc'rae: how must such an amateur as myself suffer in a like situation. I am encouraged by the knowledge that one's efforts, when directed with sincerity of purpose, are tolerated sympathetically. Then, too, I am further made to feel more comfortable by appearing before a body, among many

of whom I have had a most pleasant professional relationship in a problem of common interest.

Before we go into the discussion of the etiology of malocclusion and irregularities of the teeth, let me make my position clear by saying that there is much not definitely known of the etiology of such deformities. True, we associate with it certain conditions, but that is about as far as we have gotten. We have evidence to support certain opinions, but absolute knowledge is often lacking. We recognize the effect without always knowing the cause and begin a difficult treatment under a handicap.

For classification let us divide the dento-facial deformities into three main divisions:

First: Where the antero-posterior relationship of the jaws are correct, but there is a narrowing of the arches and crowding of the anterior teeth.

Second: Where there is a posterior relation of the lower jaw to the upper and a protrusion of the upper anterior teeth.

Third: Where there is an anterior relationship of the lower jaw to the upper, thereby producing prognathism.

If there are those of you who entertain the idea that all dento-facial deformities are the result of purely local causes, will you please permit me to undertake to relieve your mind of such an attitude? There are certain types of malocclusion which we believe to be the result of pernicious habits and other local influences, but these are only a part of the picture—such causes will fail to be of much concern to you, but the broader etiological factors will court your interest and stir your imagination.

We believe, from the light of recent research problems and long clinical observation, that etiology of malocclusion and irregularities of the teeth must be solved along broad biological lines. Quoting from H. S. Jennings "The development of an individual is brought about by the interaction of a great number of separable substances, existing as minute particles, their interaction with each other, with other parts of the cell and with material taken from the outside. Something is known of the result of altering only a single one of the thousand different substances present in the original cell and by altering several or many. Some combinations of them give imperfect individuals, feeble-minded, deformed, monstrous; other give normal individuals; other superior individuals; there are combinations giving every intermediate types." Unless our concept is broad enough to grasp the significance of this statement, we will continue to look upon the mouth as a part separate and distinct from the whole, and subject to different laws of growth and demanding different ideals of treatment. Whatever is done in the mouth, whether surgery, restorations or orthopedic correction of dento-facial deformities, our mind must be saturated with the knowledge that we are dealing with a biological and physiological part of biological and physiological whole, subject to the same general laws of growth plus environmental influences found nowhere else in the body.

A few years ago Prof. M. C. Brash, eminent anatomist at the University of Edinburgh, made a thorough survey of orthodontic literature, upon invitation of the orthodontic profession of Great

Britain. He said "from the evidence so far submitted, far too much importance has been placed on such etiological factors as thumb sucking, nasal obstructions, adenoids, cusp relation and other strictly local factors."

Learned men have joined their clinical observations with research experiences in the last few years and we are beginning to see through some of the fog that obscured our vision. Drs. Stockard and Johnson are working on problems of genetics at Cornell University. Drs. Gregory and Hellman are working on problems of growth of the bones of the face and skull at the American Museum of Natural History; Dr. C. C. Howard and a group of physicians at the Good Samaritan Endocrine Clinic in Atlanta, are working on endocrine problems and T. Wingate Todd, F.R.C.S., is working on growth problems at Western Reserve University. Time does not permit the detail elaboration of the work done by various groups throughout the country.

Coming a little nearer to the subject which the title of this paper requires that I discuss, we will divide the etiology of malocclusion and irregularities of the teeth into two main divisions—local and general.

Under local etiological factors, we will tabulate the following:

1. Pernicious habits, which play their harmful rôle so slowly and treacherously that the effects are not noticed by the parents until considerable damage has been done. Finger sucking, lip sucking, and tongue habits are the most common of these dangerous habits.

2. Nasal Obstructions: Produce mouth breathers which interfere with normal muscular function, which in turn interfere with normal growth. Some one said "function determines form" which statement I believe to be only partially true, otherwise we could produce about whatever physical type of man desired. All generalities have to be met with modification. Adenoids, the chief offender in children produce the typical "pinch face" expression, upper anterior teeth protruding, lower anterior teeth retruding, producing that receding chin or "Andy Gump" type of individual. As the mouth breathing proceeds we believe the hard palate increases in height thereby producing change in the nares and neighboring structures. The rhinologist and orthodontist here have a problem in common, demanding sympathetic coöperation if either is to be successful in treatment.

3. Deciduous teeth: Baby teeth should have the most careful attention. The early loss of deciduous teeth nearly always induces a disharmony in oral growth. Teeth drift to approximate each other in the same arch, and this means the impaction of permanent teeth. The ofttime sequelae to impacted teeth is too well known to you to elaborate here.

4. Permanent teeth: The retention of permanent teeth is of the utmost importance if one's occlusion is to be maintained and the health of the mouth preserved. The loss of one permanent tooth usually immediately jeopardizes the usefulness and life of five other permanent teeth in the immediate vicinity. The care with which the contour of a tooth is restored, when once a cavity appears, has much to do with the future occlusion, usefulness and health of the mouth.

Under general etiological factors we will tabulate the following:

1. Syphilis: There is not only a very definite and typical malocclusion and jaw deformity noted in congenital syphilis, but there is also a typical type of tooth produced.

2. Malnutrition: Where skeletal development did not reach its full possibilities, there is often created a disharmony between the size of the teeth and the supporting bone, producing thereby a malocclusion of the teeth.

3. Endocrines: As these glands influence the general skeletal growth, so do they also influence the growth of the jaws. The clinical pictures of these patients come vividly before your eyes, especially cretinism, progeria and acromegaly. As there is a modified or distorted skeletal growth in these people, so there is also deviations from the normal in jaw growth and conformation.

4. Rickets: Meallanby of England and Howe of Boston demonstrated malformed jaws and irregular teeth in experimental animals by producing rickets. Hatfield of Boston examined about 500 children giving a history of rickets, and found no greater prevalence of malocclusion than from a like group with negative history of rickets. One can see, however, that the teeth and their supporting structures could enter into the clinical picture.

5. Genetics: Within the last few years there has been sufficient research in experimental animals, coupled with clinical observations, to force the opinion that inheritance plays a large rôle in producing irregularities and malocclusion of the teeth. Whether we inherit small supporting bone and large teeth, or conversely, per se, or whether we inherit a certain endocrine balance or imbalance, which in turn produces certain disharmonies, we are not sure. Drs. Stockard and Johnson at the Cornell Experimental Farm have produced from very small to very great dento-facial anomalies in interbreeding dogs. This work will be published very shortly.

These are briefly what we believe to be some of the etiological factors in producing dento-facial disharmonies. Not until we look anatically and critically at all the possibilities and consider the mouth and its neighboring structures as vitally correlated with the problems which affect the whole, can we hope to be rewarded with any degree of satisfaction which comes from a service well done. We might be happier if we embraced the suspicion that whatever affects the health and happiness of the growing child, might also affect the teeth, the supporting and neighboring structures, which in turn might vitally affect the health and happiness of the adult.

I have not so much intended to push in the background of the picture the local causative factors, as I have hoped to remind you of those whose origin were intrinsic, harmonic or pathological. It seems to me that we must pay respect to all the possible influences operating to produce an imperfect individual, and not lose our heads over one possible link of evidence.

Through the process of trial and error, through unnumbered years, we have arrived at a certain type of teeth and certain type of supporting structure in the human family to meet certain requirements for masticating, for enunciating and for esthetics; any modification reduces the efficiency accordingly, and leaves in its wake a physisic, physical or pathological impress that flows on into later life.

## SLIDES

1. Types of malocclusion.
2. Local causes of malocclusion.
3. General causes of malocclusion.
4. Treated cases.

I make no claim for originality of thought in this presentation—the literature is fertile in support of these opinions, and my clinical observations are, I should say, the average of an orthodontic practitioner. I am not presumptuous enough to think that this paper has added one bit of knowledge to your profession, whose literature is studded with beautiful gems from your leading thought. I do hope, however, that interest has been stimulated in a subject that is as much your concern as it is our problem. If we, in mutual co-operation, do not handle these children they are most likely to be potential patients of the psychiatrist and internist. You who have so wonderfully labored in eradicating contagious diseases, I hope will now turn some of your talents to a less spectacular, but none-the-less much needed drive to eradicate diseases of mouth origin. May those of us who are particularly interested in orthodontics feel that a finer concept is to relieve inhibitions and prevent disease rather than to undertake to straighten crooked teeth. We must project our vision far beyond the condition of the moment—to the adult at 25 or 30, and present him to the world with as little physical and mental handicap as humanly possible.

I thank you very much for the opportunity of appearing before you.

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Read before the North Carolina Medical Society, Raleigh, N. C., April 18, 1933.

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### THIRD DAY—THURSDAY, JUNE 8, 1933

#### GENERAL SESSION

The General Session was called to order at 1:35 o'clock p.m., by President Wilbert Jackson.

*President Jackson:*

The General Session will come to order.

I wish to recognize Mr. Russell Grumman. Will you please come forward?

Mr. Grumman, these men are going to miss you so much that I wanted them to see you again and have you say something to them. We want to say something to you. (Applause.)

*Mr. Russell M. Grumman, Chapel Hill:*

Gentlemen, it has been a real pleasure to meet you personally, and for the University also, to have you with us these few days. Speaking for myself, I don't think I have had men it was more pleasure to work with than your men. It has been a real treat, and I enjoy working with people, and I have found your people very agreeable. I think you have made a splendid impression upon the University and I want to commend the men for the way you have treated our property, particularly the observance of the rule in this room about smoking, which is a regulation we have no control over. Mr. Hill donated this building with the request that no smoking be permitted in it. We appreciate your coöperation. I hope that you have enjoyed your stay. From the remarks made to me and others on the campus, I judge you have. You seem to be most interested in your work.

Dr. Jackson, before I sit down I would like to take this occasion to remind the House of Delegates and the Society as a whole that any time you desire to resume your Extension Course, the Extension Division of the University of North Carolina stands ready to coöperate with you in every way. We have been waiting for you to make this move. Speaking from the viewpoint of the University and particularly the Extension Division, we feel that your course was one of the most successful and most valuable and important courses we have been able to conduct in several years. It means a great deal to the University, as we know you men are going forward in your profession of dentistry, but more important than either of those things is the significance that dentists have come here to learn things which will make them better fitted to serve the public. We are all interested in the public welfare and these courses certainly add their part in improving the public welfare in North Carolina. I say again, please call on us if you feel that you can continue with your courses. We shall be glad to coöperate with you at any time. Please know that we have enjoyed thoroughly having you with us during your Convention. It has been a real inspiration to see such a group as you assemble and take such an interest in the meeting. The clinics, the scientific discussions, were unusually well attended. I think the campus atmosphere has helped some and there is a certain advantage that nature has had which you needed for the occasion. This is not the best place in which to meet, but we want you to come back and meet with us as soon as you can. (Applause.)

*President Jackson:*

Thank you, Mr. Grumman. Mr. Grumman, on behalf of the North Carolina Dental Society I want you to know we appreciate thoroughly each effort that has been made for us as a Society, as individuals, and we would like for you to convey a special message to Mrs. Grumman because she has been instrumental in helping you to put over this splendid work, and we just know that you could not have done it all by yourself, and we want her to know that we appreciate her efforts.

*Mr. Russell M. Grumman:*

I will see that she gets that message.

*President Jackson:*

I hope as you hope that some time we can come back to Chapel Hill. I wish we could come about the first of April, when it was warm, but not too warm, and we could have had more pleasant weather. We all know, however, that this is the most unusually hot weather for this time of year. We have had a wonderful time and regardless of all the little things, we have had an excellent time. I want to assure you that our expectations have been far surpassed.

*Dr. F. O. Alford, Charlotte:*

I hate to delay things. Mr. Grumman has done wonderful things and I appreciate it. There is another man here who has done real work. As Chairman of the Publicity Committee, I would like to recognize Mr. Maddry, Director of the Publicity Bureau here in Chapel Hill. (Applause.)

*Mr. Maddry, Chapel Hill:*

I have enjoyed this meeting very much and I feel I have learned something about dentistry that I did not know before. I enjoyed the talk yesterday morning very much. When you talk about teeth moving an eighth of an inch one way or another, and you can tighten them up so they are tight as somebody's hat band, I think that is pretty wonderful. I have enjoyed visiting your Convention and I am glad to coöperate with you in the future in any way that I can. (Applause.)

*President Jackson:*

Is there anything else to come before the General Session? (Pause.) If not, I will ask Dr. Clayton and Dr. Phin Horton to escort the President-Elect to the rostrum.

*Dr. P. E. Horton, Winston-Salem:*

On behalf of the North Carolina Dental Society, it pleases me to present to you Dr. Branch to succeed you in office, and we commend him to your tender mercies. Dr. Branch.

*President Jackson:*

Dr. Branch, I am about to surrender to you a gavel. I can only bespeak for you the coöperation of the most loyal bunch of men it has been my privilege to know. I am sure their confidence and trust has not been misplaced, and I can speak

for the North Carolina Dental Society the greatest year in its history. If I may be of service to you and the North Carolina Dental Society at any time, any place, I shall count it a privilege to do so. I am looking for great things from you as leader. I hand you this gavel and surrender my office to you.

*Dr. E. A. Branch, Raleigh:*

It is customary to say that this is the happiest moment of my life. I shall not make that statement. I am not happy. I could not be happy realizing the responsibility, but I do say I am greatly pleased for having this privilege. It is going to be a love feast, because that is the greatest thing there is, love, and I know of no place where you would find more of it than in the North Carolina Dental Society. It is an association of men of one mind, one thought, and one purpose, but the greatest of that is purpose. It is in the hearts of the dentists of North Carolina. That purpose is not one of selfishness, but it is a purpose of service, service to their own people. That is our privilege and opportunity. We are headed into the next year, and at the close of this next year, we will be one more year closer to the goal. I thank you. (Applause.)

*President Branch:*

I believe the next order is the installation of the Vice-President. Dr. Paul Fitzgerald and Dr. D. T. Carr to present the Vice-President at this time, if you please.

Dr. J. P. Jones was escorted to the rostrum.

Dr. Jones, it is a great pleasure to have you as Vice-President this year. (Applause.)

*Dr. J. P. Jones:*

I appreciate this honor. I have been delighted to have you at Chapel Hill this year, and I hope we can have you back for a meeting next year. I thank you. (Applause.)

*President Branch:*

Dr. Nixon, will you and Dr. Miller present the Secretary.

Dr. D. L. Pridgen was escorted to the rostrum.

Dr. Pridgen, I feel that I am fortunate in having you as my right-hand man. I shall lean on you heavily. I trust you will do all in your power to support me. I am glad to have you. (Applause.)

*Secretary Pridgen:*

I will do my very best. (Applause.)

*President Branch:*

What else is there to come before us?

*The Floor:*

Installment of the President-Elect.

*President Branch:*

Dr. Paul Jones, will you and Dr. Minges present Dr. Edwards?

Dr. L. M. Edwards, President-Elect, was escorted to the rostrum.

Dr. Edwards, this is indeed a pleasure to recognize you. (Applause.)

*Dr. L. M. Edwards, Durham:*

I know you are all tired. It is late now. In 1935 you will probably hear so much of me I am going to be kind and say nothing more than two things: First, appreciation for this honor and second, the awe with which I accept the responsibility for this honor. I realize that the success of any meeting depends largely on the committees and the coöperation of the body as a whole with the committees. I just hope that with that coöperation, the meeting in 1935 will cause nothing of regret. I thank you. (Applause.)

*President Branch:*

Is there anything now before the announcement of the committees for the next year?

*Dr. E. B. Howle, Raleigh:*

It has been customary to present the new members of the Board elected at this meeting.

*President Branch:*

I think you are right. Is Dr. Ralph Jarrett in the hall? Is Dr. Billy Bell here?

*Dr. J. Martin Fleming, Raleigh:*

Inasmuch as both are gone, I move that we proceed and not present anybody by proxy.

*President Branch:*

Gentlemen, for good and sufficient reason, I wish the privilege of delaying the appointment of the committees for just a bit. I prefer to confer with the men and have them accept the chairmanship, at least, of the committees before they are appointed. I hope you will approve that. However, I do wish to say at this time that I want to announce that Dr. Z. L. Edwards will be Chairman of the Executive Committee. Dr. Neal Sheffield will be the new member of the committee, and of course, Dr. R. M. Olive will carry over.

The meeting, as you know, is at Wrightsville, and I want to make Dr. H. L. Keith Chairman of the General Arrangements Committee and he select those he wishes to serve and I would like to ask Dr. Junius D. Smith to be Chairman of the Entertainment Committee, and he to select those to serve with him. The other committees I ask the privilege of naming later and you will be notified through mail as individuals and the Society notified within a few weeks. I hope that meets with your approval.

Is there anything else to come before us? (Pause.)

*Dr. J. Martin Fleming, Raleigh:*

I move we adjourn *sine die*.

*President Branch:*

If there is no other discussion, we stand adjourned.

Thus, at 2:05 o'clock p.m., Thursday, July 8, 1933, the Fifty-Ninth Annual Meeting of the North Carolina Dental Society at Chapel Hill, North Carolina, adjourned *sine die*.

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COMMITTEES—1933-34

EXECUTIVE COMMITTEE

|                                            |              |
|--------------------------------------------|--------------|
| Z. L. Edwards, <i>Chairman</i> (1934)..... | Washington   |
| R. M. Olive (1935).....                    | Fayetteville |
| Neal Sheffield (1936).....                 | Greensboro   |

PROGRAM-CLINIC COMMITTEE

|                                         |               |
|-----------------------------------------|---------------|
| D. L. Pridgen, <i>Chairman</i> .....    | Fayetteville  |
| W. D. Gibbs, <i>Vice-Chairman</i> ..... | Charlotte     |
| J. W. Whitehead.....                    | Smithfield    |
| J. E. Swindell.....                     | Raleigh       |
| R. P. Melvin.....                       | Winston-Salem |

## ETHICS COMMITTEE

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|------------------------------------------|---------------|
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| J. C. Watkins.....                       | Winston-Salem |

## LEGISLATIVE COMMITTEE

|                              |            |
|------------------------------|------------|
| J. N. Johnson (1937).....    | Goldsboro  |
| Z. L. Edwards (1934).....    | Washington |
| E. B. Howle (1935).....      | Raleigh    |
| P. E. Jones (1936).....      | Farmville  |
| H. O. Lineberger (1938)..... | Raleigh    |

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| C. C. Bennett.....                     | Asheville   |
| B. C. Taylor.....                      | Landis      |
| Pitt Beam.....                         | Shelby      |

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| Oscar Hooks.....                     | Wilson         |
| J. L. Ashby.....                     | Mount Airy     |
| John R. Pharr.....                   | Charlotte      |
| Victor Bell.....                     | Raleigh        |

## MILITARY COMMITTEE

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| E. G. Click.....                   | Elkin     |
| V. M. Barnes.....                  | Wilson    |

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| T. A. Wilkins.....                   | Gastonia   |
| D. B. Mizell.....                    | Charlotte  |
| J. A. Jernigan.....                  | Dunn       |
| A. L. Wooten.....                    | Raleigh    |

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| Charles S. McCall.....               | Forest City |

|                   |            |
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| G. L. Hooper..... | Erwin      |
| J. T. Lasley..... | Greensboro |

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| Sam L. Bobbitt.....                  | Raleigh      |
| A. S. Cromartie.....                 | Fayetteville |
| Clyde E. Minges.....                 | Rocky Mount  |

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| A. C. Bone.....                       | Rocky Mount   |
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| Harry Keel.....                      | Winston-Salem |

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| J. H. Wheeler.....  | Greensboro    |
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| H. E. Story.....    | Charlotte     |

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| H. L. Keith.....                    | Wilmington |
| L. J. Meredith.....                 | Wilmington |
| Guy Pigford.....                    | Wilmington |
| W. T. Smith.....                    | Wilmington |
| R. Weathersbee.....                 | Wilmington |

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| F. L. Hunt.....                      | Asheville  |
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IN GOOD STANDING

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| *O. C. Barker.....      | Asheville      |
| *A. P. Beam.....        | Shelby         |
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| *C. C. Bennett.....     | Asheville      |
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| W. J. Conrad.....       | Winston-Salem |
| Vernon H. Cox.....      | Winston-Salem |
| R. W. Crews.....        | Thomasville   |
| W. L. Crippliver.....   | Lexington     |
| *W. Clyde Current.....  | Statesville   |
| H. C. Daniel.....       | Salisbury     |
| S. C. Duncan.....       | Monroe        |
| *R. H. Ellington.....   | Salisbury     |
| W. L. Ezzell, Jr.....   | Concord       |
| P. L. Feezer.....       | Lexington     |
| Burke W. Fox.....       | Charlotte     |
| J. M. Gaither.....      | Boone         |
| *W. D. Gibbs.....       | Charlotte     |
| *J. H. Guion.....       | Charlotte     |
| *E. S. Hamilton.....    | Charlotte     |
| R. B. Harrell.....      | Elkin         |
| *A. P. Hartman.....     | Winston-Salem |
| *J. F. Hartness.....    | Mooreville    |
| *Frank K. Haynes.....   | Charlotte     |
| Gary Heeseman.....      | Charlotte     |
| H. R. Hege.....         | Mount Airy    |
| H. C. Henderson.....    | Charlotte     |
| *L. O. Herring.....     | Charlotte     |
| *O. R. Hodgin.....      | Thomasville   |
| *D. W. Holcombe.....    | Winston-Salem |
| *J. M. Holland.....     | Statesville   |
| *R. H. Holliday.....    | Thomasville   |
| *P. E. Horton.....      | Winston-Salem |
| H. H. Houck.....        | Pineville     |
| *Geo. C. Hull.....      | Charlotte     |
| *Wm. A. Ingram.....     | Monroe        |
| *Ralph F. Jarrett.....  | Charlotte     |
| *F. G. Johnson.....     | Lexington     |
| *O. L. Joyner.....      | Kernersville  |
| *H. L. Keel.....        | Winston-Salem |
| James L. Keerans.....   | Charlotte     |
| *V. B. Kendrick.....    | Charlotte     |
| W. L. Kibler.....       | Charlotte     |
| J. W. Kirk.....         | Salisbury     |
| *A. R. Kistler.....     | Monroe        |
| *G. A. Lazenby.....     | Statesville   |
| Sam Levy.....           | Charlotte     |
| *W. C. Logan.....       | Winston-Salem |
| J. G. Marler.....       | Yadkinville   |
| *Guy M. Masten.....     | Winston-Salem |
| *R. Phillip Melvin..... | Winston-Salem |
| F. C. Mendenhall.....   | Winston-Salem |
| *Daniel B. Mizell.....  | Charlotte     |
| E. Brown Morgan.....    | Concord       |
| T. Duke Morse.....      | Winston-Salem |

|                        |                  |
|------------------------|------------------|
| *D. O. Montgomery..... | Statesville      |
| *J. A. McClung.....    | Winston-Salem    |
| J. M. Neel.....        | Salisbury        |
| *J. H. Nicholson.....  | Statesville      |
| Eva Carter Nissen..... | Winston-Salem    |
| *C. M. Parks.....      | Winston-Salem    |
| R. M. Patterson.....   | Concord          |
| Ralph E. Petree.....   | Charlotte        |
| John R. Pharr.....     | Charlotte        |
| *A. J. Pringle.....    | Lawsonville      |
| R. L. Ramsay.....      | Salisbury        |
| *R. L. Reynolds.....   | Lexington        |
| *W. M. Robey.....      | Charlotte        |
| *Grady L. Ross.....    | Charlotte        |
| *Ralph Schmucker.....  | Charlotte        |
| W. A. Secrest.....     | Winston-Salem    |
| *C. F. Smithson.....   | Charlotte        |
| *Wade A. Sowers.....   | Lexington        |
| *R. E. Spoon.....      | Winston-Salem    |
| *Harold E. Story.....  | Charlotte        |
| *L. E. Taylor.....     | Charlotte        |
| W. A. Taylor.....      | North Wilkesboro |
| *W. C. Taylor.....     | Salisbury        |
| C. L. Thomas.....      | Mount Airy       |
| *Roy Lee Thompson..... | Winston-Salem    |
| *L. P. Trivette.....   | Mooreville       |
| M. L. Troutman.....    | Kannapolis       |
| *R. D. Tuttle.....     | Winston-Salem    |
| C. U. Voils.....       | Mooreville       |
| V. V. Voils.....       | Mooreville       |
| *C. H. Wadsworth.....  | Concord          |
| D. T. Waller.....      | Charlotte        |
| *J. C. Watkins.....    | Winston-Salem    |
| *G. E. Waynick.....    | Winston-Salem    |
| B. H. Webster.....     | Charlotte        |
| *C. D. Wheeler.....    | Salisbury        |
| *T. P. Williamson..... | Charlotte        |
| K. M. Yokely.....      | Winston-Salem    |
| J. W. Zimmerman.....   | Salisbury        |

## THIRD DISTRICT

|                      |             |
|----------------------|-------------|
| A. D. Adams.....     | Durham      |
| P. Y. Adams.....     | High Point  |
| *J. S. Betts.....    | Greensboro  |
| *R. W. Brannock..... | Burlington  |
| *Daniel T. Carr..... | Durham      |
| *Henry C. Carr.....  | Durham      |
| *R. R. Clarke.....   | Chapel Hill |
| *W. F. Clayton.....  | High Point  |
| *L. G. Coble.....    | Greensboro  |
| J. Cecil Crank.....  | Greensboro  |

|                             |                |
|-----------------------------|----------------|
| *A. W. Craver.....          | Greensboro     |
| *Leland M. Daniels.....     | Southern Pines |
| *H. A. Edwards.....         | Greensboro     |
| *L. M. Edwards.....         | Durham         |
| *Rosco M. Farrell.....      | Pittsboro      |
| *W. I. Farrell.....         | Troy           |
| *L. M. Foushee, Jr.....     | Burlington     |
| E. A. Frazier.....          | High Point     |
| *J. S. Frost.....           | Burlington     |
| H. Kemp Foster.....         | Greensboro     |
| *J. M. Gardner.....         | Gibson         |
| P. E. Gilliam.....          | Burlington     |
| *C. A. Graham.....          | Ramseur        |
| *J. J. Hamlin.....          | High Point     |
| John N. Hester.....         | Reidsville     |
| *R. H. Holden.....          | Durham         |
| *N. T. Holland.....         | Durham         |
| *Jack H. Hughes.....        | Roxboro        |
| *J. H. Hurdle.....          | Mebane         |
| J. E. Holt.....             | Greensboro     |
| A. H. Johnson.....          | Greensboro     |
| *J. P. Jones.....           | Chapel Hill    |
| *Dennis F. Keel.....        | Greensboro     |
| G. E. Kirkman.....          | Greensboro     |
| C. D. Kistler.....          | Randleman      |
| *J. T. Lasley.....          | Greensboro     |
| Charles T. Lipscombe.....   | Greensboro     |
| *D. K. Lockhart.....        | Durham         |
| *R. E. Long.....            | Roxboro        |
| *J. R. Meador.....          | Reidsville     |
| *E. M. Medlin.....          | Aberdeen       |
| *Charles Ivy Miller.....    | Albemarle      |
| *J. S. Moore.....           | Reidsville     |
| H. V. Murray.....           | Burlington     |
| Charles W. McNally.....     | Madison        |
| *S. H. McCall.....          | Troy           |
| *E. P. McCutcheon.....      | Durham         |
| *A. A. McDuffie.....        | Candor         |
| *Gates McKaughan.....       | Kernersville   |
| *William Roy McKaughan..... | High Point     |
| *R. T. Nichols.....         | Rockingham     |
| *Carl P. Norris.....        | Durham         |
| *L. G. Page.....            | Yanceyville    |
| *H. M. Patterson, 3rd.....  | Burlington     |
| *Charles C. Poindexter..... | Greensboro     |
| *E. F. Pope.....            | Albemarle      |
| *O. L. Presnell.....        | Asheboro       |
| *A. P. Reade.....           | Durham         |
| *E. E. Richardson.....      | Leaksville     |
| *J. B. Richardson.....      | High Point     |
| G. R. Salisbury.....        | Asheboro       |

|                           |                |
|---------------------------|----------------|
| J. C. Senter.....         | Albemarle      |
| *E. W. Shackelford.....   | Durham         |
| *S. W. Shaffer.....       | Greensboro     |
| *B. B. Shamberger.....    | Star           |
| *N. Sheffield.....        | Greensboro     |
| *R. P. Shepard.....       | Southern Pines |
| *T. Edgar Sikes.....      | Greensboro     |
| *H. A. Smathers.....      | Greensboro     |
| *L. T. Smith.....         | Reidsville     |
| *J. S. Spurgeon.....      | Hillsboro      |
| *John Swaim.....          | Asheboro       |
| *C. H. Teague.....        | Greensboro     |
| *Herndon W. Thompson..... | Hamlet         |
| E. A. Troxler.....        | Greensboro     |
| E. J. Tucker.....         | Roxboro        |
| J. I. Underwood.....      | Durham         |
| J. S. Wells.....          | Reidsville     |
| Chas. M. Wheeler.....     | Greensboro     |
| *J. H. Wheeler.....       | Greensboro     |
| *P. B. Whittington.....   | Greensboro     |
| *R. A. Wilkins.....       | Burlington     |
| *B. W. Williamson.....    | Hamlet         |
| *J. F. Williamson.....    | Wadesboro      |
| *W. L. Woodard.....       | Sanatorium     |
| *G. N. Yates.....         | Durham         |
| *L. H. Zimmerman.....     | High Point     |
| *T. R. Zimmerman.....     | High Point     |

## FOURTH DISTRICT

|                        |               |
|------------------------|---------------|
| *C. E. Abernathy.....  | Raleigh       |
| R. T. Allen.....       | Lumberton     |
| *B. L. Aycock.....     | Princeton     |
| *C. D. Bain.....       | Dunn          |
| *A. D. Barber.....     | Sanford       |
| J. B. Bardin.....      | Chadbourn     |
| *Victor E. Bell.....   | Raleigh       |
| *S. L. Bobbitt.....    | Raleigh       |
| *E. A. Branch.....     | Raleigh       |
| *W. Howard Branch..... | Raleigh       |
| *J. W. Branham.....    | Raleigh       |
| E. H. Broughton.....   | Raleigh       |
| *C. H. Bryan.....      | Apex          |
| *J. K. Bryan.....      | Oxford        |
| *J. R. Butler.....     | Dunn          |
| *L. E. Buie.....       | Lemon Springs |
| W. E. Campbell.....    | Littleton     |
| N. G. Carroll.....     | Raleigh       |
| *H. R. Chamblee.....   | Raleigh       |
| *R. D. Clements.....   | Raleigh       |
| *J. F. Coletrane.....  | Zebulon       |
| *A. S. Cromartie.....  | Fayetteville  |

|                         |                |
|-------------------------|----------------|
| H. R. Cromartie.....    | Raeford        |
| R. C. Daniels.....      | Southport      |
| *I. H. Davis.....       | Oxford         |
| *J. R. Edwards.....     | Fuquay Springs |
| Paisley Fields.....     | Boardman       |
| *S. J. Finch.....       | Oxford         |
| *A. H. Fleming.....     | Louisburg      |
| *J. M. Fleming.....     | Raleigh        |
| C. G. Fuquay.....       | Coats          |
| *L. G. Hair.....        | Fayetteville   |
| *G. Fred Hale.....      | Raleigh        |
| *C. C. Hatch.....       | Sanford        |
| *G. L. Hooper.....      | Erwin          |
| *S. R. Horton.....      | Raleigh        |
| *E. B. Howle.....       | Raleigh        |
| *I. H. Hoyle.....       | Henderson      |
| *E. W. Hunter.....      | Sanford        |
| *J. K. Hunt.....        | Jonesboro      |
| J. H. Ihrie.....        | Wendell        |
| *Wilbert Jackson.....   | Clinton        |
| *J. A. Jernigan.....    | Dunn           |
| *J. C. Johnson.....     | Raleigh        |
| *K. L. Johnson.....     | Raleigh        |
| *J. H. Judd.....        | Fayetteville   |
| *E. N. Lawrence.....    | Raleigh        |
| E. G. Lee.....          | Clinton        |
| *H. O. Lineberger.....  | Raleigh        |
| *W. T. Martin.....      | Raleigh        |
| L. M. Massey.....       | Zebulon        |
| *L. J. Moore.....       | St. Pauls      |
| *W. F. Mustian.....     | Warrenton      |
| *F. W. McCracken.....   | Sanford        |
| *H. McK. McDiarmid..... | Raeford        |
| *S. R. McKay.....       | Lillington     |
| *W. L. McRae.....       | Red Springs    |
| *R. M. Olive.....       | Fayetteville   |
| W. J. Payne.....        | Clayton        |
| *D. L. Pridgen.....     | Fayetteville   |
| *W. W. Rankin.....      | Raleigh        |
| *C. W. Sanders.....     | Benson         |
| *E. L. Smith.....       | Raleigh        |
| D. T. Smithwick.....    | Louisburg      |
| *R. M. Squires.....     | Wake Forest    |
| *R. W. Stephens.....    | Apex           |
| *J. E. Swindell.....    | Raleigh        |
| W. W. Taylor.....       | Warrenton      |
| *M. F. Townsend.....    | Lumberton      |
| *R. A. Turlington.....  | Clinton        |
| A. D. Underwood.....    | Raleigh        |
| F. H. Underwood.....    | Carthage       |
| *S. R. Watson.....      | Henderson      |

|                         |            |
|-------------------------|------------|
| *J. W. Whitehead.....   | Smithfield |
| *A. L. Wooten.....      | Raleigh    |
| *W. F. Yates.....       | Chadbourn  |
| *T. L. Young.....       | Raleigh    |
| *Jessie R. Zachary..... | Raleigh    |

## FIFTH DISTRICT

|                        |                |
|------------------------|----------------|
| *Vernon M. Barnes..... | Wilson         |
| *O. J. Bender.....     | Jacksonville   |
| *A. B. Bland.....      | Wallace        |
| *A. C. Bone.....       | Rocky Mount    |
| *Dewey Boseman.....    | Wilson         |
| *J. O. Broughton.....  | Wilmington     |
| *J. W. Brown.....      | Rich Square    |
| *L. H. Butler.....     | Hertford       |
| F. G. Chamblee.....    | Spring Hope    |
| *H. W. Civils.....     | New Bern       |
| F. H. Coleman.....     | Wilmington     |
| P. B. Cone.....        | Williamston    |
| Geo. Dennis.....       | Wallace        |
| *J. H. Dreher.....     | Wilmington     |
| *D. W. Dudley.....     | Kinston        |
| *J. F. Duke.....       | Washington     |
| *L. J. Dupree.....     | Kinston        |
| *A. C. Early.....      | Aulander       |
| J. R. Edmundson.....   | Wilson         |
| *Z. L. Edwards.....    | Washington     |
| *Paul Fitzgerald.....  | Greenville     |
| C. H. Geddie.....      | Goldsboro      |
| *E. C. Grady.....      | Elm City       |
| S. W. Gregory.....     | Elizabeth City |
| W. S. Griffin.....     | Edenton        |
| *W. L. Hand.....       | New Bern       |
| M. M. Harris.....      | Elizabeth City |
| *W. I. Hart.....       | Edenton        |
| *Oscar Hooks.....      | Wilson         |
| *R. F. Hunt.....       | Rocky Mount    |
| *A. T. Jeannette.....  | Washington     |
| B. McK. Johnson.....   | Wilmington     |
| C. B. Johnson.....     | New Bern       |
| J. N. Johnson.....     | Goldsboro      |
| *Paul E. Jones.....    | Farmville      |
| *H. L. Keith.....      | Wilmington     |
| *J. M. Kilpatrick..... | Robersonville  |
| A. C. Liverman.....    | Scotland Neck  |
| *S. E. Malone.....     | Goldsboro      |
| M. B. Massey.....      | Greenville     |
| W. C. Mercer.....      | Ahoskie        |
| *L. J. Meredith.....   | Wilmington     |
| *C. E. Minges.....     | Rocky Mount    |

|                           |                |
|---------------------------|----------------|
| B. R. Morrison.....       | Wilmington     |
| *M. T. McMillan.....      | Goldsboro      |
| *H. E. Nixon.....         | Elizabeth City |
| *J. H. Oldham.....        | Wilmington     |
| *G. L. Overman.....       | Goldsboro      |
| William Parker.....       | Elizabeth City |
| *Z. V. Parker.....        | New Bern       |
| Guy E. Pigford.....       | Wilmington     |
| *J. G. Poole.....         | Kinston        |
| S. D. Poole.....          | Goldsboro      |
| *C. G. Powell.....        | Ahoskie        |
| *W. T. Ralph.....         | Belhaven       |
| *C. R. Riddick.....       | Ayden          |
| *James H. Smith.....      | Wilmington     |
| *Junius C. Smith.....     | Wilmington     |
| *M. R. Smith.....         | Harrellsville  |
| *W. T. Smith.....         | Wilmington     |
| *T. W. Smithson.....      | Rocky Mount    |
| *A. M. Schultz.....       | Greenville     |
| *Herbert Spear.....       | Kinston        |
| J. W. Stanley.....        | Wilmington     |
| E. W. Tatum.....          | Mount Olive    |
| *C. A. Thomas.....        | Wilmington     |
| *J. E. L. Thomas.....     | Tarboro        |
| *H. K. Thompson.....      | Wilmington     |
| R. L. Tomlinson.....      | Wilson         |
| *J. V. Turner.....        | Wilson         |
| *R. Weathersbee.....      | Wilmington     |
| W. J. Ward.....           | Weldon         |
| W. M. Ward.....           | Roanoke Rapids |
| E. R. Warren.....         | Goldsboro      |
| J. Frank West.....        | Roanoke Rapids |
| J. H. White.....          | Elizabeth City |
| *A. P. Whitehead.....     | Rocky Mount    |
| *R. E. Williams, 5th..... | Goldsboro      |
| *O. L. Wilson.....        | Kinston        |
| J. H. Yelverton.....      | Wilson         |
| W. D. Young.....          | Snow Hill      |

The above list corrected to July 25, 1933.

\*Indicates members attending Chapel Hill meeting.

Total registration Chapel Hill meeting including visitors, 376.

## PRESIDENTS OF THE SOCIETY SINCE ITS ORGANIZATION

|                |                  |              |                  |
|----------------|------------------|--------------|------------------|
| 1875-76.....   | *B. F. Arrington | 1905-06..... | J. S. Betts      |
| 1876-77.....   | *V. E. Turner    | 1906-07..... | J. R. Osborne    |
| 1877-78.....   | *J. W. Hunter    | 1907-08..... | *D. L. James     |
| 1878-79.....   | *E. L. Hunter    | 1908-09..... | F. L. Hunt       |
| 1879-80.....   | *D. E. Everett   | 1909-10..... | J. C. Watkins    |
| 1880-81.....   | *Isaiah Simpson  | 1910-11..... | A. H. Fleming    |
| 1881-82.....   | *M. A. Bland     | 1911-12..... | P. E. Horton     |
| 1882-83.....   | *J. F. Griffith  | 1912-13..... | *R. G. Sherrill  |
| 1883-84.....   | *W. H. Hoffman   | 1913-14..... | C. F. Smithson   |
| 1884-85.....   | *J. H. Durham    | 1914-15..... | J. A. Sinclair   |
| 1885-86.....   | J. E. Matthews   | 1915-16..... | I. H. Davis      |
| 1886-87.....   | *B. H. Douglas   | 1916-17..... | *R. O. Apple     |
| 1887-88.....   | *T. M. Hunter    | 1917-18..... | R. M. Squires    |
| 1888-89.....   | *V. E. Turner    | 1918-19..... | J. N. Johnson    |
| 1889-90.....   | *S. P. Hilliard  | 1919-20..... | W. T. Martin     |
| 1890-91.....   | H. C. Herring    | 1920-21..... | J. H. Judd       |
| 1891-92.....   | C. L. Alexander  | 1921-22..... | W. M. Robey      |
| 1892-93.....   | *F. S. Harris    | 1922-23..... | S. R. Horton     |
| 1893-94.....   | *C. A. Rominger  | 1923-24..... | *R. M. Morrow    |
| 1894-95.....   | *H. D. Harper    | 1924-25..... | J. A. McClung    |
| 1895-96.....   | *R. H. Jones     | 1925-26..... | H. O. Lineberger |
| 1896-97.....   | J. E. Wyche      | 1926-27..... | B. F. Hall       |
| 1897-98.....   | *H. V. Horton    | 1927-28..... | E. B. Howle      |
| 1898-99.....   | C. W. Banner     | 1928-29..... | I. R. Self       |
| 1899-1900..... | A. C. Liverman   | 1929-30..... | J. H. Wheeler    |
| 1900-01.....   | E. J. Tucker     | 1930-31..... | Paul Jones       |
| 1901-02.....   | J. S. Spurgeon   | 1931-32..... | Dennis Keel      |
| 1902-03.....   | *J. H. Benton    | 1932-33..... | Wilbert Jackson  |
| 1903-04.....   | J. M. Fleming    | 1933-34..... | Ernest A. Branch |
| 1904-05.....   | *W. B. Ramsey    |              |                  |

\*Deceased.

## HONORARY MEMBERS

|                           |                                               |
|---------------------------|-----------------------------------------------|
| Adair, R. B.....          | Atlanta, Ga.                                  |
| Austin, J. L.....         | Chattanooga, Tenn.                            |
| Beadles, E. P.....        | Norfolk, Va.                                  |
| Bear, Harry.....          | Richmond, Va.                                 |
| Bland, C. A.....          | Charlotte, N. C.                              |
| Bogle, R. B.....          | Nashville, Tenn.                              |
| Byrnes, R. R.....         | Atlanta Southern Dental College, Atlanta, Ga. |
| Callahan, P. E.....       | McRae, Ga.                                    |
| Carroll, Delia Dixon..... | Raleigh, N. C.                                |
| Cason, W. L.....          | Athens, Ga.                                   |
| Collins, Clara C.....     | Atlanta, Ga.                                  |
| Cooper, George M.....     | Raleigh, N. C.                                |

|                        |                                               |
|------------------------|-----------------------------------------------|
| Cowderden, L. M.       | Hot Springs, Va.                              |
| Cuthbertson, C. W.     | Washington, D. C.                             |
| Dale, J. A.            | Nashville, Tenn.                              |
| Eby, Joseph D.         | 54 East 62nd St., New York, N.Y.              |
| Foster, S. W.          | Atlanta Southern Dental College, Atlanta, Ga. |
| Goldberg, E. H.        | Bennettsville, S.C.                           |
| Gorman, J. A.          | New Orleans, La.                              |
| Hardin, W. R.          | U. S. P. H., Atlanta, Ga.                     |
| Harrison, G. R.        | Richmond, Va.                                 |
| Hartzell, Thomas B.    | 716 Donaldson Bldg., Minneapolis, Minn.       |
| Heatwole, T. O.        | Baltimore, Md.                                |
| Hill, Thomas J.        | Cleveland, Ohio                               |
| Howard, Clinton C.     | Atlanta, Ga.                                  |
| Howe, Percy R.         | Boston, Mass.                                 |
| Huff, M. D.            | Candler Bldg., Atlanta, Ga.                   |
| Hughes, C. N.          | Grant Bldg., Atlanta, Ga.                     |
| Johnson, H. H.         | Macon, Ga.                                    |
| Kelsey, H. L.          | Baltimore, Md.                                |
| King, Otto U.          | 5 N. Wabash Ave., Chicago, Ill.               |
| Lambert, W. E.         | Atlanta, Ga.                                  |
| Maves, T. W.           | 501 Donaldson Bldg., Minneapolis, Minn.       |
| Malone, R. W.          | U. S. Navy                                    |
| Milner, H. A.          | Aiken, S. C.                                  |
| Moore, S. W.           | Baltimore, Md.                                |
| Neil, Ewell.           | Doctor's Bldg., Nashville, Tenn.              |
| Netherlands, Frank.    | Asheville, N. C.                              |
| Nodine, Alonzo M.      | London                                        |
| Price, Weston A.       | 8926 Euclid Ave., Cleveland, Ohio             |
| Quattlebaum, E. G.     | Columbia, S. C.                               |
| Rickert, U. Garfield.  | Ann Arbor, Mich.                              |
| Ruhl, J. P.            | New York, N. Y.                               |
| Russell, A. Y.         | University of Maryland, Baltimore, Md.        |
| Rutledge, B.           | Florence, S. C.                               |
| Sheffield, L. Langdon. | Toledo, Ohio                                  |
| Silverman, S. L.       | Fourth Nat'l Bank Bldg., Atlanta, Ga.         |
| Simpson, R. L.         | Richmond, Va.                                 |
| Summerman, D. H.       | Philadelphia, Pa.                             |
| Smith, A. E.           | Chicago, Ill.                                 |
| Spratley, W. W.        | Richmond, Va.                                 |
| Star, E. L.            | Philadelphia, Pa.                             |
| Stevenson, Albert H.   | 376 5th Ave., New York, N. Y.                 |
| Stewart, H. T.         | New York, N. Y.                               |
| Stone, A. E.           | Philadelphia, Pa.                             |
| Strickland, A. C.      | Anderson, S. C.                               |
| Tench, R. W.           | New York, N. Y.                               |
| Thompson, Webb.        | Spartanburg, S. C.                            |
| Tileson, H. B.         | Louisville, Ky.                               |
| Turner, C. R.          | University of Pennsylvania, Philadelphia, Pa. |
| Visanska, S. A.        | Atlanta, Ga.                                  |

|                     |                      |
|---------------------|----------------------|
| Whitaker, J. D..... | Indianapolis, Ind.   |
| White, J. A.....    | Williamston, N. C.   |
| Wooding, C. E.....  | Winston-Salem, N. C. |
| Wright, John B..... | Raleigh, N. C.       |

ROLL OF LIFE MEMBERS, BY VIRTUE OF HAVING PAID  
DUES FOR TWENTY-FIVE CONSECUTIVE YEARS

FIRST DISTRICT

|                      |           |
|----------------------|-----------|
| F. L. Hunt.....      | Asheville |
| J. B. Little.....    | Hickory   |
| D. E. McConnell..... | Gastonia  |
| J. R. Osborne.....   | Shelby    |
| J. M. Parker.....    | Asheville |

SECOND DISTRICT

|                      |               |
|----------------------|---------------|
| C. L. Alexander..... | Charlotte     |
| J. E. Banner.....    | Mount Airy    |
| J. D. Carlton.....   | Salisbury     |
| J. W. Carlton.....   | Spencer       |
| E. G. Click.....     | Elkin         |
| W. J. Conrad.....    | Winston-Salem |
| H. C. Daniel.....    | Salisbury     |
| H. C. Henderson..... | Charlotte     |
| P. E. Horton.....    | Winston-Salem |
| J. G. Marler.....    | Yadkinville   |
| R. L. Ramsey.....    | Salisbury     |
| W. M. Robey.....     | Charlotte     |
| C. F. Smithson.....  | Charlotte     |
| J. C. Watkins.....   | Winston-Salem |

THIRD DISTRICT

|                       |            |
|-----------------------|------------|
| J. S. Betts.....      | Greensboro |
| W. F. Clayton.....    | High Point |
| N. T. Holland.....    | Durham     |
| C. T. Lipscombe.....  | Greensboro |
| D. K. Lockhart.....   | Durham     |
| R. T. Nichols.....    | Rockingham |
| C. P. Norris.....     | Durham     |
| E. E. Richardson..... | Leaksville |
| L. T. Smith.....      | Reidsville |
| J. S. Spurgeon.....   | Hillsboro  |
| E. J. Tucker.....     | Roxboro    |
| J. H. Wheeler.....    | Greensboro |

FOURTH DISTRICT

|                      |              |
|----------------------|--------------|
| R. T. Allen.....     | Lumberton    |
| N. G. Carroll.....   | Raleigh      |
| A. S. Cromartie..... | Fayetteville |
| I. H. Davis.....     | Oxford       |

|                      |              |
|----------------------|--------------|
| J. M. Fleming.....   | Raleigh      |
| A. H. Fleming.....   | Louisburg    |
| J. H. Judd.....      | Fayetteville |
| F. W. McCracken..... | Sanford      |
| G. B. Patterson..... | Fayetteville |
| R. M. Squires.....   | Wake Forest  |
| R. W. Stephens.....  | Apex         |

#### FIFTH DISTRICT

|                      |                |
|----------------------|----------------|
| O. J. Bender.....    | Jacksonville   |
| J. H. Dreher.....    | Wilmington     |
| J. R. Edmundson..... | Wilson         |
| Oscar Hooks .....    | Wilson         |
| J. N. Johnson.....   | Goldsboro      |
| S. E. Malone.....    | Goldsboro      |
| W. T. Smith.....     | Wilmington     |
| J. W. Stanley.....   | Wilmington     |
| J. H. White.....     | Elizabeth City |
| J. H. Yelverton..... | Wilson         |

#### INACTIVE LIST

|                                                |            |
|------------------------------------------------|------------|
| L. V. Henderson.....                           | Virginia   |
| W. F. Maderis.....                             | Charlotte  |
| H. Kemp Foster, U. S. Government Hospital..... | Macon, Ga. |
| P. L. Pearson.....                             | Apex       |
| J. S. Hoffman.....                             | Charlotte  |

#### DENTISTS RECENTLY LICENSED IN NORTH CAROLINA

|                       |                                    |
|-----------------------|------------------------------------|
| H. L. Allen.....      | Henderson, N. C.                   |
| V. A. Black.....      | Charlotte, N. C.                   |
| R. T. Byerly.....     | Cooleemee, N. C.                   |
| C. D. Eatman.....     | Bailey, N. C.                      |
| E. L. Eatman.....     | Bailey, N. C.                      |
| W. M. Fowler.....     | 3316 Peachtree Road, Atlanta, Ga.  |
| W. R. Hinton, Jr..... | Greensboro, N. C.                  |
| R. N. Hunt.....       | Lexington, N. C.                   |
| J. D. Kiser.....      | Charlotte, N. C.                   |
| E. B. Mackie.....     | Granite Falls, N. C.               |
| S. C. Marks.....      | Aeme, N. C.                        |
| W. M. Matheson.....   | Mount Gilead, N. C.                |
| W. T. Oliver.....     | Chatham, Va.                       |
| G. W. Price.....      | Whitakers, N. C.                   |
| J. P. Reece.....      | Lenoir, N. C.                      |
| A. M. Telfer.....     | 415 Linwood Ave., Ridgewood, N. J. |
| W. J. Turbyfill.....  | Asheville, N. C.                   |
| H. E. Weeks.....      | Tarboro, N. C.                     |
| G. W. Yokeley.....    | Winston-Salem, N. C.               |









